

Great Neck Public Schools

Homebound Instruction Application

Counselor / Contact Tel. #		Home School	
Student Name		Start Date	
Grade		Est. End Date	
Address		Home Telephone #	
Mother/ Guardian		Father/ Guardian	
Contact #		Contact #	
Email		Email	
Site	<input type="checkbox"/> Home <input type="checkbox"/> Clover Drive <input type="checkbox"/> Main Library - Bayview Ave.	Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral	<input type="checkbox"/> CSE <input type="checkbox"/> Medical <input type="checkbox"/> Suspension <input type="checkbox"/> Quarantine		IEP <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Check

- Confirm the parent/guardian has been informed that their child will be receiving Homebound Instruction
- Teachers have been notified and will begin preparing work to be forwarded to the Homebound Instructor

***Reminder:** Student work will be available on Infinite Campus for review

Subject(s)	Classroom Teacher(s)	Homebound Instructor(s)	Day	Time

_____ Dated _____ Administrator Approval _____ Dated _____

Completed by Homebound Instruction Office

TRANSPORTATION SCHEDULE:

Bus	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					