



Application for Medical Homebound

APPLICATION FOR HOMEBOUND INSTRUCTION

Application Date: _____

Student Name:		
Parent/Guardian Name(s):		
Address		
Phone		
D.O.B.:	Age:	Sex: M / F
School	Grade	Teacher:

My child currently receives Special Education services

ATTENDING PHYSICIAN REPORT

To the Physician: Please complete Option A or B below as appropriate:

Option A: HOMEBOUND

Date of first absence
Diagnosis
Must have specific date when student will be able to return to school full time.

Option B: HOMEBOUND – INTERMITTENT

_____ will require periodic homebound instruction due to the chronic illness or medical condition listed below and it is anticipated that the student will be absent at least 20 school days during the school year.

Date of Diagnosis		
Diagnosis		
Physician's Name Printed		Physician's Signature

Physician's Telephone Number _____

Requests for Homebound Instruction due to emotional illness must have psychiatrist's verification.



SPECIAL EDUCATION/430

Application for Medical Homebound

PLEASE RETURN TO: Department of Special Education, Attn: Homebound 1200 S. Clinton St., Fort Wayne IN 46802 Phone: 260-467-1110 **FAX: 260 - 467-1189**

Date: _____

Re: Student _____

To Parents/Guardian:

Please forward the Application for Homebound instruction to your family physician. Complete the enclosed "Consent for Release" form as well and return it to our office. **Teachers will not be assigned for homebound until the consent form is signed and returned.**

Applications should be sent to: Department of Special Education
Attn: Homebound
1200 S. Clinton Street
Fort Wayne, Indiana 46802

If you have any questions; please call 467-1110 and ask for Kathy.

Sincerely,

Dr. Nikki Sprunger
Assistant Superintendent of Diverse Learners