GERMANTOWN
MUNICIPAL SCHOOL DISTRICT
Excellence. Always.

Office of Student Services •3350 S Forest Hill Irene Rd •Germantown, TN. 38138 •901-752-7889 •Fax 901-757-6480

Homebound Pregnancy Form

In order for Germantown Municipal School District to provide homebound instruction to your child, it is necessary that the Request for Homebound Services Form be completed in its entirety. The parent should complete Part 1. **Part 2 must be completed by a licensed medical doctor.** He/she needs to include his/her address, telephone number, date of examination, and the estimated date of delivery of the baby. **The doctor must sign the form.** The form will not be approved if a nurse practitioner signs it or if a stamped signature is used for the doctor's signature. Also, doctor certification does not automatically place a student in homebound status. Part 3 will be completed by GMSD after it is returned to the Department of Student Services. You will be contacted by the homebound teacher to schedule visits once you call to inform us of the birth of the baby.

Your child is entitled to six weeks of homebound services after the delivery of the baby for three hours per week. If complications arise that would endanger the unborn child or mother, services may be requested for an additional two weeks and must be renewed every two weeks thereafter. You should request homebound services prior to the delivery of the baby and the indicated estimated due date on the form. We will hold the form until we hear from you by phone that the baby has been born and the student is ready for us to begin homebound services. Any schoolwork that your child misses **prior** to homebound services beginning must be handled through your child's school counselor. It is very critical that your child keeps up with make-up work and turns it in to the school if he/she has absences prior to homebound beginning. If this work is not completed and turned in to the school this will affect his/her grades for the grading period. The homebound teacher **is not** responsible for grades **prior** to the start of homebound services.

It is the policy of the GMSD that an adult be present in the student's home during the entire time the homebound teacher is present. Please comply with this request. The homebound teacher will not be able to stay at the home and teach the child without an adult present.

If you have any further questions, please contact the Department of Student Services 752-7876.

Request Form for Homebound Services

PART 1
Student Name: _____ D.O.B.: _____ Sex: _____ Race:_____ Grade: _____

Current School: _____ SS#: _____
Home Phone:_____

Parent/Guardian: _____
Work Phone: _____

Address: _____
City/Zip: _____

Does student receive Special Education Services? _____

If high school student, list subjects:
_____

_____

PART 2 (to be filled out by the medical doctor)
TCA Section 41-10-1101-1104 provides for homebound instruction for pregnant students. Under this law, each pregnant student is entitled to three (3) hours of homebound instruction per week throughout a six-week period of maternity leave. If the student's physician certifies in writing that the student's medical condition prevents the student from returning to regular class, they can continue to receive three hours of homebound instruction per week. This student has been referred for homebound services. This medical information is required for certification of eligibility. All information will be confidential and used only by persons directly involved with the student. (A new form must be submitted for continuation of services.)

Diagnosis: _____ Date Examined: _____
Estimated Delivery Date _____

Any physical limitations:
_____

Please check one of the following options:
_____ Prior to Delivery (must list medical complications and be recertified every 2 weeks until delivery)
_____ Six-weeks Beginning with Delivery
_____ Beyond Six-week Maternity Period* (must be recertified every 2 weeks until return to school and list medical complications)

Is this student medically unable to attend class because of health complications arising from pregnancy? _____ Yes _____ No

List complications:
_____

Physician Name (type or print): _____Phone: _____
Office Address: _____ Fax: _____

Physician's Signature: _____Date signed:_____
This must be a medical doctor's signature, no stamps or nurse practitioner's signatures accepted.

PART 3 (FOR OFFICE USE ONLY) _____ APPROVED _____ DENIED

Date: _____ Supervisor: _____

Teacher Assigned: _____Start Date: _____ Exit Date:_____