



**APPLICATION FOR HOSPITAL/HOMEBOUND INSTRUCTION**

COMPLETE THIS FORM AND MAIL TO: TPSS Family Resource Center, Attn: Strader

Cieutat 1745 SW Railroad Ave. Hammond, LA OR Fax to 985-340-8867

<b>SECTION A: THIS SECTION TO BE COMPLETED BY PARENT OR SCHOOL (PLEASE PRINT).</b>		
STUDENT'S NAME:	GRADE:	Homebound Teacher:
STUDENT'S SCHOOL:	DATE OF BIRTH:	
PARENT'S NAME:	PHONE:	
ADDRESS:		
CLASSROOM SETTING: <input type="checkbox"/> REGULAR EDUCATION <input type="checkbox"/> SPECIAL EDUCATION		
REASON FOR APPLICATION: <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY <input type="checkbox"/> PREGNANCY <input type="checkbox"/> EXPULSION <input type="checkbox"/> LRE		

<b>THE FOLLOWING INFORMATION (SECTION B: 1, 2, &amp; 3) IS REQUIRED FROM THE TREATING PHYSICIAN.</b>
<b>SECTION B: #1: ILLNESS, INJURY, HOSPITAL RECOVERY</b>
THE UNDERSIGNED CERTIFIES THAT THE ABOVE-NAMED STUDENT IS UNABLE TO ATTEND SCHOOL FOR THE FOLLOWING REASONS (INCLUDE THE SPECIFIC MEDICAL DIAGNOSIS WITH A BRIEF DESCRIPTION.):
_____
_____

<b>SECTION B: #2: PREGNANCY</b>
EXPECTED DELIVERY DATE: _____ EXPECTED RETURN TO SCHOOL DATE: _____
THE STUDENT IS EXPERIENCING THE FOLLOWING COMPLICATIONS IN HER PREGNANCY OR RECOVERY WHICH WOULD BE DETRIMENTAL TO HER HEALTH OR THE HEALTH OF THE FETUS/OFFSPRING:
_____
_____

<b>SECTION B: #3: APPROXIMATE NUMBER OF WEEKS HOMEBOUND INSTRUCTION WILL BE NEEDED:</b> <input type="checkbox"/> 2025-26 Academic Year															
__3	__4	__5	__6	__7	__8	__9	__10	__11	__12	__13	__14	__15	__16	__17	__18
PHYSICIAN'S NAME: _____ SIGNATURE (STAMP NOT ACCEPTED): _____ DATE: _____															
ADDRESS: _____ PHONE: _____															

<b>SECTION C: TO BE COMPLETED BY SPECIAL EDUCATION DEPT.</b>		<input type="radio"/> INITIAL REQUEST	<input type="radio"/> EXTENSION
<input type="radio"/> DECLINED	<input type="checkbox"/> APPROVED: _____ HOURS PER WEEK	_____ NUMBER OF WEEKS	<input type="checkbox"/> 25-26 Academic Year
THE UNDERSIGNED INDIVIDUALS CERTIFY THE ABOVE-NAMED STUDENT MEETS THE CRITERIA FOR HOSPITAL/HOMEBOUND SERVICES:			
_____	_____	_____	_____
SIGNATURE OF HOMEBOUND CONTACT	DATE	SIGNATURE OF SPED CONTACT	DATE