



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.

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: _____

Updated: 9/25/2025

Department of Special Education

1200 South Clinton Street • Fort Wayne, IN 46802 • Phone: 260.467.1110 • Fax: 260.467.1189



DEPARTMENT OF SPECIAL EDUCATION

Application for Medical Homebound

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 467-1113 and ask for Norvetta.

Sincerely,

Jennifer Berning
Director, Department of Special Education