**WEST BONNER COUNTY SCHOOL DISTRICT #83**

**REQUEST FOR HOMEBOUND SERVICES**

Homebound instruction may be initiated for students who are unable to attend school due to temporary illness, accident, or an unusual disabling condition. A student must be enrolled in a district school and be absent for ten consecutive school days. A physician's statement must certify in advance that the absence will exceed this period of time.

**PRINCIPAL OR CONSELOR COMPLETE FIRST HALF OF THIS FORM**

School: ________________________________________ Date: ___________________

Name of Homebound Student: ___________________________________________________

Date of Birth: __________ Grade: ___________ Date last attended: _______________

Parent/Guardian: ______________________________ Address: _______________________

Phone Number: _______________________________

Request Recommended: ____________ Yes _______________ No

Principal's Signature: ___________________________________________________________

Recommended plan for accommodation (include beginning date, anticipated ending date, hours per week, personnel to be used – teacher, substitute teacher, aide):

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**SEND TO SUPERINTENDENT**

Date received by the Superintendent: ________________________

Superintendent: _________ Approved _________ Disapproved ____________Initials

Business Manager: Fund Number: _________________________ ____________Initials

Date Principal Notified of Decision: ________________________ Via: _______________

**WEST BONNER COUNTY SCHOOL DISTRICT #83**

**PHYSICIAN'S STATEMENT FOR HOMEBOUND INSTRUCTION**
***PHYSICIAN'S STATEMENT***

Student's Name: ________________________________ Date of Birth: __________

School: _________________________ Teacher: ________________________________

Before a student can be considered for Homebound Educational Services, it is necessary for the district to have on file a medical statement by a licensed physician certifying the student is suffering from an illness, accident or disability that will prevent the student from attending regular school programs.

I, ________________________________________________, certify that
(Please Print)

__________________________________________ is undergoing treatment for:
(Student's Name)

____an illness ______a health impairment ____traumatic brain injury

____an accident ______an orthopedic impairment ____other (please specify)

Diagnosis: ________________________________________________________________

__________________________________________________________________________

Date of last examination: ______________________

In your opinion, at this time, is the student's medical condition such that he/she would benefit from homebound instruction? __________ Yes ____________ No

I estimate the student will be able to return to school on ___________________________.

Comments: ________________________________________________________________

__________________________________________________________________________

Physician's Signature: ____________________________________________

Address: ______________________________________________________

Phone Number: _________________________ Date: ____________________________