

BELEN CONSOLIDATED SCHOOLS
APPLICATION FOR HOMEBOUND INSTRUCTION

Date: _____

Name of Student: _____ Age _____ Grade: _____ School: _____

Name of Parent of Guardian: _____

Address: _____

REASON/RATIONALE

1. Physical (explain): _____

▪ **School Nurse Signature:** _____

2. Mental Health (explain): _____

▪ **Special Education Psychologist/Nurse/ Counselor Signature:** _____

3. Other (explain): _____

▪ **Superintendent/Designee signature:** _____

What is expected duration in capacity? _____

Is the student under health care provider's care? Yes No

Name of health care provider: _____

Attach Health Care Provider's Documentation

Was student on homebound last year? Yes No

SUBJECT	TEACHER	SUBJECT	TEACHER
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Instructor (s) assigned: 1. _____ 2. _____

Beginning Date: _____ Review/Ending Date: _____

Principal's Signature: _____ Date: _____

Coordinator of Health Services _____ Date: _____

Superintendent/ Designee: _____ Date: _____

Approved

Denied

Executive Director of Academics _____ Date: _____

Copies to: Academic Services, Parents, Health Services, Special Education, School Site

(CONFIDENTIAL INFORMATION—CAN ONLY BE RELEASED TO PARTIES MENTIONED.)