TANGIPAHOA PARISH SCHOOL SYSTEM

APPLICATION FOR HOSPITAL/HOMEBOUND INSTRUCTION

A. TO BE COMPLETED BY PARENT AND/OR SCHOOL

Pupil's Name: _____ Age _____ Sex _____ Grade _____

Date of Birth _____ School _____ Teacher _____

Parent Name: _____ Telephone Number (_____) _____

Address: _____ City/State _____ Zip _____

Classroom Setting: ❑ Regular Education ❑ Special Education

Reason for Application: ❑ Illness ❑ Injury ❑ Pregnancy ❑ Expulsion ❑ LRE

B. TO BE COMPLETED BY PROPERLY CERTIFIED PHYSICIAN

1. Illness, Injury, Hospital Recovery

The undersigned certifies that the above named student is unable to attend school for the following reason(s): (Please give specific medical diagnosis with brief description) _____

_____

2. Pregnancy

a. Expected delivery date _____ Expected date to return to school _____

b. 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.

_____

_____

3. Approximate length of time homebound instruction will be needed:

____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10 ____11 ____12 (WEEKS)

The undersigned hereby certifies that the proper treatment and convalescence for this incapacitating condition will necessitate the student needing homebound instruction for a period of at least three weeks, during which time the student will be unable to attend regular or special classes in school. The maximum time for services is twelve (12) weeks. An extension may be approved by submission of additional application(s).

_____ _____

Physician's Signature *Date* *Physician's Address*

(RUBBER STAMP NOT ACCEPTABLE)

_____ _____

Physician's Name (Please Print) *Physician's Phone Number*

C. TO BE COMPLETED BY SPECIAL EDUCATION DEPARTMENT

❑ APPROVED _____ Hours per week _____ Number of weeks

❑ DECLINED

❑ INITIAL REQUEST ❑ EXTENSION _____ Number of pervious request

The undersigned certify that the above-name student meet criteria for Hospital/Homebound Services.

_____ _____

Assistant Superintendent Signature *Date* *Homebound Coordinator Signature* *Date*

MAIL TO:

ATTN: Ms. Bess Kolwe, Homebound Coordinator
Tangipahoa Parish School System - Central Office
59656 Puleston Road
Amite, Louisiana 70422