Tangipahoa Parish School System
Application for Hospital/Homebound Instruction

A. To Be Completed by Parent or School

Student's Name_____ Grade_____

Student's School_____ Date of Birth_____

Parent Name_____ Phone (____)_____

Address_____ City_____ Zip_____

Classroom Setting: □Regular Education □Special Education □504

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 number of weeks homebound instruction will be needed:
   ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12
   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 and will be unable to participate in co/extra-curricular activities. The maximum time for services is twelve (12) weeks. An extension may be approved by submission of additional application.

_____ _____

Physician's Signature (Rubber Stamp NOT Accepted) Physician's Address

_____ _____

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

The undersigned certify that the above-named student meets criteria for Hospital/Homebound Services

_____ _____

Assistant Superintendent's Signature Date Homebound Coordinator's Signature Date

Mail To: ATTN: Bess Kolwe, Homebound Coordinator
Tangipahoa Parish School System – Title I Resource Center
500 East Pine Street
Amite, LA 70422