

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 previous 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