Rogers Public Schools
where all belong, all learn, all succeed

APPLICATION FOR HOMEBOUND SERVICES

Student's Name _____ Sex _____ Date of Birth _____

School _____ Grade _____ SS# _____

Parent/Guardian _____ Phone _____

Address (not P.O. Box) _____

Student's Address (if different from above) _____

I request that homebound services be provided for the above named student.

Parent/Guardian Signature _____

*This section below is to be completed by a **physician** or **psychiatrist***

The above named student is unable to attend school due to: _____

_____

_____

It is estimated that this condition will exist until (must include date)_____

Physician's Signature _____

Printed Name _____ Date _____

This form when completed should be returned to the principal or the counselor of the student's school.

Counselor's Signature _____

Grade Level Principal's Signature _____

District Homebound Director Signature _____

Sharon Langston = general educational services OR
Tita DeVore = special educational services

Central Office Administrative Signature _____

Additional Comments/Special Instructions _____

_____ 504 plan; _____ IEP; _____ Health Care Plan (please check one if applicable)

(For office use only) ----------

Approved: _____ Homebound Teacher: _____

Rejected: _____ Effective: _____

Date: _____ Ending Date: _____

Note: Approval of this application will provide a homebound teacher four hours per week for the duration of the student's disability.

Copy to file, parent/guardian, school, assigned homebound instructor