

Delsea Regional School District

Main Number: (856)-694-0100 High School Fax: (856) 694-2046 Middle School Fax: (856) 694-4417

Homebound Instruction Application- Medical Necessity

Child's Name: _____ Date of birth: _____

School Attending: _____ Grade: _____

Section I- TO BE COMPLETED BY PARENT / GUARDIAN

I understand homebound instruction may be applied for when the student will be absent from school for 5 consecutive days or 20 cumulative days due to a medical issue that confines the child to the home, hospital or treatment facility.

I am aware Homebound instruction students may NOT attend school functions, or participate in outside employment.

I agree, a parent or guardian shall be present during all periods of home instruction.

I realize initial homebound instruction cannot exceed 60 days. If continuation is needed, it is the parent/guardian's responsibility to provide renewal request (renewal request cannot exceed 60 days).

I authorize the release of medical, educational, or mental health information to school officials.

Parent/Guardian signature: _____ Date: _____

Telephone Number: () _____

Section II -- TO BE COMPLETED BY THE PHYSICIAN: (NOTE: All homebound instruction request must be submitted on this application only and will be returned if not entirely completed. Written doctor's release required for student to return to school).

Diagnosis: _____

Reason for Homebound Instruction: _____

Recommendations / Re-entry Treatment Plan: (Please note: For mental health concerns, student must be under a mental health physician's care, receiving ongoing treatment and have viable plan to return to the school environment).

Start Date: _____ Tentative End Date: _____

(Initial requests cannot exceed 60 days. If continuation is needed, each renewal request shall not exceed 60 days and should be considered carefully. Delsea strives for student attendance in a least restrictive environment.)

Physician's Printed Name: _____ Physician's Signature: _____

Date: _____ ** Office stamp or handwritten address, phone number and fax number below: