

**LEE COUNTY SCHOOLS**  
**Request for Homebound Services Form**

The student below is being considered for educational homebound services. Medical advice is necessary in determining whether or not the student is physically/emotionally unable to attend school. The following information must be completed by the attending physician and the student's parent before homebound services can be provided.

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**The student will be unable to attend school for approximately** \_\_\_\_ **weeks beginning (date)** \_\_/\_\_/20\_\_ **and is expected to return to school on (date)** \_\_/\_\_/20\_\_. In the event that the student is likely to be out for a longer period of time, homebound approval must be reviewed every nine weeks. (A new "Request for Homebound Services Form" must be completed if the period requiring homebound services goes beyond the date of expected return.)

**Diagnosis:** \_\_\_\_\_ **Contagious?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
(Homebound teacher cannot provide direct services until student is free of contagion.)

Brief description of treatment plan, special considerations, EDC (for pregnant students) and/or statement supporting homebound services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this request is specifically related to COVID-19, please explain the reason that in-person instruction is not medically appropriate for the student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name – Please Print

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Signed

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Please consider my child for HOMEBOUND SERVICES provided by the Lee County Schools. I also give the physician/medical provider and school personnel (principal or designee, School Nurse) permission to share information with each other regarding the medical diagnosis, prognosis, treatment plan and the need for homebound services as outlined in the attached *Consent for Release of Confidential Student Information* form. I have read the **GUIDELINES HOMEBOUND PROGRAM** sheet. I understand the guidelines and am willing to comply with the guidelines. I understand that my child will not be covered through HOMEBOUND SERVICES (including attendance coverage) if we do not comply with the established guidelines.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date Signed

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**PRINCIPAL/OFFICE USE ONLY**

This student is \_\_\_\_ accepted \_\_\_\_ rejected for HOMEBOUND SERVICES.

Face-to-Face Contact made by \_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date Signed