

OCEAN SPRINGS SCHOOL DISTRICT
APPLICATION FOR HOMEBOUND INSTRUCTION

STUDENT _____

Date of Birth _____ Sex _____

Enrolled at _____
(Name of School) Grade (Homeroom Teacher)

REASON FOR APPLICATION FOR HOMEBOUND INSTRUCTION

In expectation that my child will be unable/has not been able to attend regular classes at school for at least five consecutive school days, for a medically diagnosed physical illness/psychological condition I hereby make application for homebound services.

_____ _____
Date Parent/Guardian's Signature

Address

Attachment: Physician Statement _____ _____
Home Telephone Work Telephone

(For School Use ONLY)

Recommended homebound instruction to be provided for _____
Student

<u>TEACHER</u>	<u>SUBJECT</u>	<u>DURATION OF INSTRUCTION</u>

DATE	SIGNATURE
_____	_____
	Parent
_____	_____
	Principal
_____	_____
	Assistant Superintendent