



District 318

# APPLICATION FOR HOMEBOUND or HOMEBASED INSTRUCTION

Before completing this form, see Policy 660 – Homebound Instruction.

***It is school district policy that a student have an expected absence of a minimum of 15 school days to be eligible for homebound or homebased instruction.***

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_ School \_\_\_\_\_  
 Date of last attendance \_\_\_\_\_ Has student had home instruction in past 12 months \_\_\_\_\_

**Instructional Category Requested: Homebound      Homebased**

\*For Homebound, medical authority must provide written verification the student is **medically confined to the home for the entire school day.**

1. Date to Begin Instruction: \_\_\_\_\_ Expected Date of Return to School \_\_\_\_\_

**1. Medical: Student’s physician must complete this section:**

- Due to illness/injury, the above student is unable to attend his/her regular school setting for a period of at least 15 days. \_\_\_\_\_ YES      \_\_\_\_\_ NO
- Diagnosis: \_\_\_\_\_ Date of last exam \_\_\_\_\_
- Treatment Plan: \_\_\_\_\_
- General Comments: (Add additional information on backside or attached page) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician’s Signature

Print or Type Name

***By signing this form, the physician indicates that (circle one) homebound/homebased placement is appropriate for this student. If homebound, written verification must be included.***

**2. Non-Medical: Student is being placed on homebased instruction for reasons other than medical**

- Reason for Homebased: \_\_\_\_\_
- Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher Information**

Classroom Teacher(s) Name \_\_\_\_\_  
 \_\_\_\_\_ Curriculum/materials will be provided by current teacher(s).  
 \_\_\_\_\_ Homebound/Homebased teacher(s) should select appropriate curriculum

**District Administration Authorization:**

Homebound/Homebased instruction services of 5 hours per week are authorized from (date) \_\_\_\_\_ to \_\_\_\_\_

Homebound/Homebased instructor(s) name(s): \_\_\_\_\_

Place of Instruction \_\_\_\_\_

Principal’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Form to: Special Services Department- Assistant Director  
 Administrative Services Building, ISD 318, 820 NW 1<sup>st</sup> Ave, Grand Rapids, MN 55744 (218-327-5816)**

Director’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_