

Parent Section: To be completed by parent/guardian: (Part 1)

Additional questions about completing this form should be directed to the Homebound Program Teacher Specialist, Madelyn Swing, at 757-628-3950 ext. 21254 or mswing@nps.k12.va.us.

Student Name: _____ DOB: _____ Grade _____

Address: _____ zip: _____ apt # _____

Attending School: _____ student number _____

Parent/guardian Name: _____ cell/home #: _____

Work #: _____ Emergency contact name & number: _____

Email address (**REQUIRED**): _____

Does this student participate in ANY extracurricular activities? (GSA, football, basketball, clubs, part-time work, etc.) YES/NO If YES, please list below:

Parent Statement and permission: I _____ certify that (Name of student) _____ **is confined to the home, hospital or a treatment facility and is unable to attend school or participate in regular day to day activities.**

By my signature, I authorize the release and exchange of medical information between the health care provider and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time, in writing.

Students receiving homebound instruction **may not work or participate in extra-curricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the student's medical plan of care.** If approval prior to participation in such activities is not given in writing, this may cause termination of services.

***Please note:** If the packet is not submitted with all forms completed, you will have **3 business days** to complete the submission. After 3 days a new homebound application must to be submitted.

Parent/Guardian Name (print): _____

Parent/Guardian Name (signature): _____ Date: _____