

MERCER COUNTY SCHOOLS APPLICATION FOR HOME/HOSPITAL INSTRUCTION
DEPARTMENT OF PUPIL SERVICES
1403 HONAKER AVENUE • PRINCETON, WV 24740

(Parent Completes Sections A and B.)

Original Request \_\_\_\_\_ Extension \_\_\_\_\_

A. PARENT: (Complete the following information)

WVEIS #: \_\_\_\_\_

STUDENT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_
Street City State Zip

If rural route or post office box, please give specific directions for reaching your home: \_\_\_\_\_

B. PARENTAL RELEASE:

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_ hereby authorize
name student name

the release of medical information relative to the above diagnosis to the Mercer County Schools Coordinator of Pupil Services and/or
the assigned school nurse and/or the designee of the Office of Special Education for the purposes of making a Homebound Decision in
this case.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

C. SCHOOL REPORT IEP Y N
ELEMENTARY 504 Y N
SCHOOL: \_\_\_\_\_
GRADE: \_\_\_\_\_
TEACHER: \_\_\_\_\_

IEP Y N
SECONDARY 504 Y N
SCHOOL: \_\_\_\_\_
GRADE: \_\_\_\_\_
SUBJECTS NEEDED: TEACHER
ANTICIPATED GRADUATION DATE: \_\_\_\_\_

GRADE SHEETS SHOULD BE RETURNED TO: \_\_\_\_\_
CONTACT PERSON IF MORE INFORMATION NEEDED: \_\_\_\_\_

D. PHYSICIAN'S REPORT:

- 1. Specific diagnosis: \_\_\_\_\_
2. Condition under which student may return to school full time: \_\_\_\_\_
3. Expected date student can return to school: \_\_\_\_\_
4. Accommodations needed at school: \_\_\_\_\_

Licensed Physician's Name (Printed) Physician's Signature Date

OFFICE USE ONLY:

Date received: \_\_\_\_\_ Date action taken: \_\_\_\_\_

Application: \_\_\_ approved \_\_\_ denied \_\_\_ returned to parent

Notes: \_\_\_\_\_

Homebound Service Dates: \_\_\_\_\_ until \_\_\_\_\_

Return to school date: \_\_\_\_\_ Monthly update required: \_\_\_ Y \_\_\_ N

White - Office of Pupil Services
Green - Parent
Canary - School
Pink - Special Ed Office
Gold - Verification