

**ESTABLISHING MEDICAL STATUS OF CHILD  
REFERRED FOR HOMEBOUND INSTRUCTION /  
EXTENSION OF HOMEBOUND INSTRUCTION**

**Name of Pupil:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **School / Grade:** \_\_\_\_\_

**Nature of Disabling Condition:**

\*Physician notes are only valid for 90 days. All extensions must be requested with new physician's note to include the course of treatment thus far and expected date of student's return.

Student must not be able to attend any part of the school day due to:

**Date Confined:** \_\_\_\_\_

**Expected Date Student Can Return to School:** \_\_\_\_\_

**Circumstances Under Which Child Can Be Taught:**  
(hours per day / per week; physical requirements; other)

**Name and Address of Parents:**

**Printed Name and Address of Physician:**

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Date)