MOORE COUNTY SCHOOLS DOCTOR FORM

Homebound Verification Form

I am requesting that the following student: _____

_____ (birthdate) be placed on **Homebound Service Delivery** for the following reason: _____.

I expect the student to be incapacitated for:_____(duration).

The student may experience limitations involving:_____

_____as it relates to his/her ability to perform school work.

I can be reached at:_____

_____(address, phone, e-mail) and have received an **Agreement for Disclosure/Release to Share Form** signed by the parent, allowing the sharing of information relevant to his/her education during this homebound period.

Provider:_____
Printed Name Signature Date

Contact Information: _____

_____

(Another request form may be used in place of this document)

Cc: Attach to Request for Homebound Form and Send to Student Services, Maintain copy in Student's homebound file