

**FLAGSTAFF UNIFIED SCHOOL DISTRICT #1
APPLICATION FOR HOMEBOUND PROGRAM**

Form #HBD 851
Rev. 12/94

Student's Name: _____ DOB: _____ Grade: _____

School: _____ Parent/Guardian: _____

Address: _____ Home Phone: _____ Work Phone: _____

"Homebound" or "hospitalized" means a student who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident, pregnancy or handicapped conditions, who has been examined by a competent medical doctor and is certified by that doctor as being unable to attend regular classes for a period of not less than three school months; or a student who is capable of profiting from academic instruction but is unable to attend school regularly due to chronic or acute health problems, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for intermittent periods of time totaling three school months during a school year. ARS 15-761 (4) (3) as amended, 1984.

*I hereby certify this student as being unable to attend regular classes for a period of not less than three school months or for intermittent periods of time totaling three school months during a school year. I further certify that this student has no illness that will endanger the health of the teacher who goes to the home or hospital for teaching. (If student **is contagious**, please check box below, giving a brief explanation.)*

Explanation: _____

PHYSICIANS DIAGNOSIS AND STATEMENT:

Physician's Signature: _____ Date: _____

Physician's Name: _____ Phone Number: _____

Address: _____

*I hereby authorize the physician to release pertinent medical information, that would aid in providing homebound services, to the Flagstaff Unified School District:

Parent's Signature: _____

SIGNATURES

DATE

Counselor/Classroom Teacher: _____

Principal: _____

Parent: _____

Homebound Supervisor: _____

Homebound Teacher: _____

Withdrew from Regular Program: _____ Date: _____ Registrar's Signature _____

Entered Homebound Program: _____ Date _____ Withdrew from Homebound Program: _____ Date _____

*All confidential data will be maintained as such. It will not be transferred to any person/agency without written parental permission.

- Counselor, please attach:**
1. Credit Record for High School and Middle School Student.
 2. Proficiency Requirements
 3. Special Education Student: Forms 812, 808, 809

Homebound Copy - WHITE

Student Confidential File Copy - YELLOW

Parent/Student Copy - PINK