



LCPS Form IHBF-E1: Homebound Instruction Program HOMEBOUND INSTRUCTION APPLICATION

Student Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Home Phone: _____ Student ID #: _____

School: _____ Grade: _____

Father's Name: _____

Place of Employment: _____

Work Phone: _____ E-mail: _____

Mother's Name: _____

Place of Employment: _____

Work Phone: _____ E-mail: _____

CAN PARENTS BE CONTACTED AT WORK? YES NO

State preference of tutoring (example: Bilingual Tutor, etc.) _____

I authorize mutual exchange of information regarding my child between LCPS and my child's healthcare provider.

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

Attach Healthcare Provider's Letter to Application

Internal use only

Health Services Department: **Approved** **Disapproved**

Signature: _____ Date: _____

Comment: _____

Instruction Department: **Approved** **Disapproved**

Signature: _____ Date: _____

Comment: _____