**ELKHART COMMUNITY SCHOOLS**

**DEPARTMENT OF STUDENT SERVICES**

**HOMEBOUND EDUCATION REQUEST**

 **Administrative Authorization**

 **Student Name Student ID Assigned Date**

 **Parent Name Address Phone**

 **School Grade Contact Person**

**Reason for Homebound Request:**

**Medical IEP Alternative to Expulsion Emergency**

**Medical form on file Yes No Homebound and School Yes No**

**COURSE REQUESTED:**

***Only two courses will be assigned without prior approval from Natalie Bickel, Supervisor Student Services/Attendance Officer or Tony England, Assistant Superintendent of Student Services***

 **Course Name Course Number Classroom Teacher**

**Date Services Began Date Services Ended Grade Homebound Teacher**

 **Course Name Course Number Classroom Teacher**

**Date Services Began Date Services Ended Grade Homebound Teacher**

 **Course Name Course Number Classroom Teacher**

**Date Services Began Date Services Ended Grade Homebound Teacher**

**Comments or Instruction:**

**The above named student has been approved for Homebound Education. The Homebound Education Teacher will be contacting you soon for textbook materials and a description of the course expectations. Please forward this student’s cumulative folder to Nancy Goldy in the Student Services Department. The Homebound Education teacher will be responsible for giving a grade to date and reporting to you if the instruction does not continue until the end of the term or school year**

 **Natalie Bickel, Supervisor**

 **Student Services/Attendance Officer**