

Parent

SEVIER COUNTY SCHOOLS  
SPECIAL EDUCATION  
550 EASTGATE ROAD  
SEVIERVILLE, TENNESSEE 37862  
PHONE: 453-1036

### REQUEST FOR HOMEBOUND SERVICES

TO THE PARENT: Please supply the information on this paper and have your child's physician complete the separate medical form. Please return the COMPLETED forms to the above address. If approved for homebound, your child will receive three (3) hours of academic instruction per week.

STUDENT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

PARENTS \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: HOME \_\_\_\_\_

\_\_\_\_\_ WORK \_\_\_\_\_

DIRECTIONS TO HOME FROM SEVIERVILLE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR REQUESTING HOMEBOUND SERVICES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please print the physician's name, address, and telephone number:

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature