

WASHINGTON COUNTY SCHOOL DISTRICT

HOMEBOUND EDUCATIONAL PROGRAM CONTRACT

For Elementary School Students

The Homebound Program is for TEMPORARY student illness or injury. This constitutes a contract "Homebound Study" between:

Student's Name _____ Date _____ School _____

The conditions of this contract are: (each item to be initialed by student/parent).

- 1. The student must cooperate and be available for appointments and instruction on _____ (date) _____ (time); failure to meet two appointments will justify termination from Homebound Program.
2. School assignments must be completed on schedule as determined by the Homebound Teacher.
3. The student must be physically unable to attend school as determined by the student's physician (consultation with the Principal and school nurse).
4. A student's failure to abide by the rules of the contract will result in termination of Homebound study. Notification will be made by a school official.

STUDENT'S DATA:

Student's Address _____ Phone # _____

Nature of Illness or Disability _____ Contagious ___ Yes ___ No

Restrictions on Student's Physical Ability _____

Beginning Date: _____ Termination Date: _____

We the undersigned, do hereby agree to the terms of this contract

Parent/Guardian

School Nurse Approval

Homebound Teacher Approval

School Official Approval