

## **School District U-46**

Educational Service Center 355 E. Chicago St., Elgin, IL 60120-6543

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## Dr. Suzanne Johnson, Superintendent

www.u-46.org

## **Homebound Services Parent Request Form**

Homebound educational services are available for students who are medically unable to attend school for more than two weeks (10 consecutive school days) or on an on-going intermittent basis.

Homebound services are provided during on school days and during school hours. An adult must be present in the home for tutoring to take place. We currently offer tutoring in-person, virtually, or a combination of both. This form and the Homebound Medical Request Form must be completed and submitted before any services can be initiated.

## To be completed by parent or guardian:

(	(Stude	nt Name)	
Birth Date:	_	Gender	
School:	_	Grade:	
Home Street Address:			
City:		State	Zip Code:
Phone Number:		Email:	
Which of the following would you prefe	er?		
☐ In-Person Tutoring		Virtual Tutoring	☐ Hybrid (combination of both)
Does your student have any/all of the fe  A working Chrome Book  A charger for the Chrome  Consistent WiFi connects  Access to their text book	c e Bool ion	S.	
Medical Request Form regarding this request of service delivery type is only a request.	uest fo Every nomeb	or homebound status for a attempt will be made to ound teacher are ill, virtu	contact the physician named on the Homebound my student. You also understand that the request accommodate the request, but no guarantee can lal tutoring will be offered to the extent possible. positive for COVID-19.
Signature of Parent/Guardian			Date:

[Type here]