

To be completed by the Homebound Office

STUDENT NAME _____ GRADE _____

WVEIS NUMBER _____ SCHOOL _____

CLASS SCHEDULE	REGULAR TEACHER	TRANSFER GRADES

Does student have an IEP? Yes No

Principal/Designee or Counselor Signature _____

SECTION IV – COUNTY OFFICE DATA

Approved	Yes	No	County Superintendent/Designee _____	Date _____
Dates approved.	_____	to _____	Extended 2 nd Semester	Yes No

**NOTE: IF STUDENT IS RECEIVING HOMEBOUND SERVICES
THEY ARE NOT ALLOWED TO WORK**