

WEST BATON ROUGE PARISH SCHOOL BOARD HOMEBOUND SERVICES

HOMEBOUND PARENTAL AGREEMENT

I agree to the enrollment of _____ in a hospital/homebound program and also agree that my child has been certified by a physician to be under medical care and in need of hospital/homebound services.

In order to best serve my child during this absence from school, I agree to:

1. Provide a quiet, isolated place to work during student's instructional period.
2. Have an adult in the hospital/home/neutral site during the instructional period.
3. Have the student ready for his/her lesson at the designated time.
4. Have the necessary school supplies readily available.
5. Assure that all assignments are completed and student is prepared for the next teaching session.
6. Notify the teacher at the telephone number provided in the event the student is unable to participate in instruction during a scheduled period. You will be notified if the teacher is unable to come at the scheduled time and a make-up time will be scheduled.
7. Assure that the student is not employed at the time of homebound services.
8. Inform the Hospital/Homebound teacher if medical condition requires homebound instruction after the approved ending date.
9. Agree to provide transportation or allow the student to walk or ride his/her bike to the neutral site.

Date

Signature of Parent or Guardian

D. Strauss

Parent

HH-4