Robbinsville Public Schools
155 Robbinsville-Edinburg Rd.
Robbinsville, NJ 08691

Rajneet Bajnath
Bajnath@robbinsville.k12.nj.us

Director of Student Services
Ph: (609) 632-0944
Fax: (609) 371-7964

Please complete and return to Student Services

MEDICAL HOMEBOUND REQUEST AND INFORMATION

Please attach a copy of the physician's note and any instructions and forward this form to the Student Services office for scheduling of homebound instruction.

1. Student Name: _____ Gender: _____
   Last First
2. School: _____ Grade: _____
3. Parent/Guardian : _____
4. Address: _____

   _____
5. Phone Number of Parent/Guardian: _____
6. Probable Duration of Homebound Placement: _____
   (May not exceed 60 calendar days without renewal by school or private physician)
   (Absence from school must be expected, by physician, to exceed 10 school days)
7. Diagnosis: _____

   _____
8. Name of Physician making last official diagnosis: _____
9. Date of Examination: _____

   Parent Signature: _____ Date:_____

Office Use Only

Number of hours of instruction: *Please circle appropriate hours below.*

Special Education: 10 hours per week General Education: 5 hours per week

Director of Student Services: _____Date_____

Chief School Physician's Signature _____ Date _____

Approved: ☐ YES ☐ NO

Reason for not approving: ☐ Further documentation needed: _____

_____

☐ Other _____

_____

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AUTHORIZATION TO RELEASE INFORMATION TO SCHOOL

PHYSICIAN Date: _____

To the School District Physician
Robbinsville Public Schools
155 Robbinsville-Edinburg Rd
Robbinsville, NJ 08691

I, _____ (Parent/Guardian) am requesting Home Instruction for my child

_____ date of birth _____, in grade _____.

I hereby give permission for the Chief School Physician to contact my child's physician, if necessary, to obtain any additional information regarding my child's medical need for home instruction. A letter from my child's physician requesting home instruction is attached to my request.

_____

Physician's Name **Phone Number** **Date of Examination**

_____

Parent/Guardian Signature **Date**