

WASHINGTON COUNTY SCHOOL DISTRICT
HOMEBOUND EDUCATIONAL PROGRAM CONTRACT
For Secondary School Students

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

Student's Name _____ Date _____ School _____

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

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 (after consultation with the school nurse).
4. A student cannot work or be employed and remain on the Homebound Program.
5. Pregnancy is not considered to be a disabling or permanent illness. Students who are in this condition are expected to attend the regular school program until it is determined that they are no longer physically able to attend as determined by the patient's physician (after consultation with the school nurse and the health director for county services). Typically, an employee who is pregnant is given three weeks off prior to delivery and four weeks following delivery; this guideline will be the measure for pregnant students being placed on the Homebound Program.
6. 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: _____
Reason for Termination: _____

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

Parent/Guardian or Spouse Approval

School Nurse Approval

Homebound Teacher Approval

School Official Approval