



WCS Homebound Request Form

This form is to be completed by a parent or guardian.

Is this homebound request and initial request or extension? Initial Extension of services

Student Legal Name (First and Last): _____

School: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Physical Home Address: _____

Parent/Legal Guardian Phone Number _____ Secondary Phone Number: _____

Email Address: _____ Secondary Email Address: _____

Does your child have a 504 or IEP? (mark one) 504 IEP

If your child has a 504 or IEP, who is the child's case manager/ file holder? _____

Please indicate the reason for the homebound request:

Parent/Guardian:

I understand that I am responsible for communicating with the school to gather make-up work and provide medical/treatment notes or a chronic illness packet for my student's absences during the homebound referral process.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

It is important that the Student Support Services office receive the completed Release of Information Form and the WCS Homebound Request Form promptly. Homebound request cannot be considered until all required documentation is received. Incomplete requests will be void after thirty days.

This form and the release of information (ROI) should be faxed to (615-472-5761), emailed to wcs.homebound@wcs.edu OR delivered to **WCS Student Support Services, Attn: Homebound, 1320 West Main Street, Suite 202, Franklin, Tennessee 37064.**