

Wilson County Schools
117 N.E. Tarboro Street – P.O. Box 2048
Wilson, NC 27894-2048
Student Services – Telephone (252) 399-7762
FAX: (252) 399-7743

**TO BE
RETURNED TO
SCHOOL
DESIGNEE**

Regular Education Homebound Instruction Medical Form

TO BE COMPLETED BY STUDENT’S PHYSICIAN

In order to receive homebound services, a student must be medically unable to attend school for more than three weeks. Thank you for assisting us in meeting the needs of this student.

Student Name: _____ DOB or Age: _____

Student’s School: _____ Grade: _____

Parent/Guardian Name: _____ Telephone: _____

Anticipated length of time away from school: _____

Date confinement begins: _____ Estimated date confinement will end: _____

Diagnosis: _____

Comments or restrictions: _____

I certify that the above named student is not medically able to attend school for the following reason(s):

Doctor’s Name (Please Print)

Doctor’s Signature

Date

Doctor’s Telephone Number: _____

Doctor’s Address: _____

RETURN THIS FORM TO:

School Designee: _____ **FAX:** _____

School: _____ **Telephone:** _____

Address: _____
