

**SCHOOL REQUEST FORM: NON-EC**

\_\_\_\_\_ is requesting permission to  
(name of school)

enroll \_\_\_\_\_ in the hospital/homebound  
(name of student)

program. You will find enclosed copies of all required documentation.

The primary reason for confinement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Date)

***CENTRAL OFFICE USE ONLY***

This request has been approved. ( )

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

HB Teacher: \_\_\_\_\_

This request has been denied. ( )

Reason(s) for denial: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Services Coordinator/Dir. Of Student Services

\_\_\_\_\_  
Date

