

Homebound/Hospital Status of Exit or Withdrawal

Student Name: _____	Today's Date: _____		
Student #: _____	School: _____	Grade: _____	
Date of Birth: _____	Sex: _____	Race: _____	Primary Language at Home: _____
Parent/Guardian Name: _____			
Parent/Guardian Address: _____			
Parent/Guardian Home Phone: _____		Work Phone: _____	

The above named student is:

- Returned to his/her regular school program in Alachua County, as of _____ (student is staffed chronic and IEP remains open).
- Returned to his/her regular school program and dismissed from Hospital/Homebound as of _____.
- Returned to his/her regular school program in another school district as of _____ (student is staffed chronic and IEP remains open).
- Returned to a full or part-time ESE program as of _____ (student is staffed chronic and IEP remains open).
- Returned to a full or part-time ESE program and dismissed from Homebound/Hospital as of _____.
- Withdrawn as of _____ due to _____.

Signature/Title.

Date