



**HASLETT PUBLIC SCHOOLS**

5593 Franklin Street  
Haslett, MI 48840

**HOMEBOUND SERVICES**

Date \_\_\_\_\_

**Dear Doctor:**

\_\_\_\_\_ whose address is  
\_\_\_\_\_ has been recommended to  
us for Homebound Instruction.

**If you consider that this child needs to be confined to the home during regular school hours, complete and return this form.**

Sincerely,

**Sherren Jones  
Assistant Superintendent**

**PHYSICIAN'S STATEMENT**

I certify that \_\_\_\_\_ has the following condition  
\_\_\_\_\_ and is confined to the home during regular  
school hours.

Physical condition does not restrict this child from being able to receive homebound instruction.

Examination Date \_\_\_\_\_

Reason for Homebound Instruction \_\_\_\_\_

Probable Period of Absence \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date

Address \_\_\_\_\_

**Please return to: Sherren Jones  
Haslett Public Schools  
5593 Franklin Street  
Haslett, MI 48840**