

**Request for Instructional Services For Students  
Confined to Hospital or Home**

The Michigan School Code makes provisions for seriously ill students to satisfy Michigan's compulsory attendance law by receiving instruction away from the school building. Prior to a student receiving off-site instructional services the student's attending licensed physician must first certify that the student has a medical condition that is serious enough to require hospitalization or strict confinement to his/her home during regular school hours for a period longer than 5 school days. These instructional services are not designed to replace classroom programs but are designed to help students keep pace with class work for the temporary period they are confined to home or hospital. While receiving homebound services it is understood that the student is also unable to participate in any extracurricular activities including part-time employment. If the student is able to participate in such activities it is reasonable to expect him/her to attend school. These services shall discontinue if the student is no longer confined to a hospital or their home for a serious medical condition.

Student	Date of Birth
Parent	Telephone
Address	City, State, Zip

I give my permission for the verbal exchange of information between the following:

School Personnel	School
Physician	Telephone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Physician Certification of Qualifications for Students  
Confined to Hospital or Home prior to receiving Instructional Services:**

By signing this verification I certify that:

- I am the attending licensed physician for the above named student
- The above named student has a severe medical condition that does not allow school attendance on a part-time basis

The above student has a severe medical condition that requires

- Hospitalization, or
- Confinement to home during regular school hours

Student's anticipated return to school:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attending Physician Signature

\_\_\_\_\_  
Date