

**VERNON PARISH SCHOOL BOARD
NOTICE OF HOSPITAL/HOMEBOUND ELIGIBILITY**

*****This form is used to notify the school and parents that the student is eligible for placement in the Homebound Program.**

PRINCIPAL

DATE

SCHOOL

STUDENT

The above named student has completed eligibility requirements for entry into the Homebound Program. As of _____, please consider this student **PRESENT** for classes and make the proper notations on his/her school records until you receive a termination letter from me.

Thank you for your assistance.

Sincerely,

Homebound Teacher
Vernon Parish Schools

Hub Jordan, Director
Child Welfare and Attendance
Vernon Parish Schools