

# HOMEBOUND / HOSPITALIZED PUPILS FORM

## LIST OF ENROLLED PUPILS

District: \_\_\_\_\_

School Year: \_\_\_\_\_

Building: \_\_\_\_\_

Count:  Fall  Spring

**INSTRUCTIONS**

Complete the report below for all eligible pupils enrolled in the following Homebound/Hospitalized Program - State Aid Act Sec. 109. Please attach Physician Statement for each pupil. Indicate the requirements have been met with Y/N.

Pupil Name	Grade	Excused Absence on Count Day	Date Service Began	FTE Membership Reported		Physician Statement Attached	Instructional Time Attached
				Regular Ed.	Special Ed.		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

The above pupils should appear on the bldg. membership list and, if in a spec. ed. classroom, on the respective A or B worksheet.

*I certify that this is a true & accurate list of eligible FTE reported for State aid.*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date