

Exceptional Student Education Homebound/Hospital Status of Exit or Withdrawal

Student Name:			Toda	ay's Date:
Student #:				Grade:
Date of Birth: So	ex: Race	Prima	ry Language at Home	:
Parent/Guardian Name:				
Parent/Guardian Address:				
Parent/Guardian Home Phor	ne:	W	ork Phone:	
The above-named student is	:			
 Returned to his/her regress is staffed chronic and II 	ular school progran	n in Alachua Coun	aty, as of	, (student
Returned to his/her reg		n and dismissed fro	om Hospital/Homeboo	und as of:
Returned to his/her reg (student is staffed chror	ular school program	n in another school sopen).	l district as of	,
Returned to a full or pa and IEP remains open).	art-time ESE progra	m as of	, (stude	ent is staffed chronic
Returned to a full or pa	, ,	m and dismissed f	rom Homebound/Hos	pital as of
Withdrawn as of		due to		·
Signature:			Date:	
Title:				

Form No.: ESE-2425-015 – Homebound-Hospital Status of Exit or Withdrawal / ESE Hospital ... Distribution: ___ Home School New Date: 11/5/24 ___ District ___ DBM - HH