BIRMINGHAM CITY SCHOOLS
BUILDING LEADERS. IMPACTING THE WORLD.

Referral and Request for Homebound Services

Date: _____

Name of Student: _____ D.O.B.: _____

School: _____ Grade: _____

Parent/Guardian Name: _____Phone Number:_____

Student's Address: _____

City: _____State: _____Zip_____

Student has an IEP/504: _YES _NO If yes, which one? _____

Special Ed. Case Manager (if applicable): _____

School Section 504 Liaison (if applicable): _____

Reason for requesting Homebound Services:

Please attach any pertinent medical documentation to this request.

Consent for Medical Release

Medical Professional's Name _____

Address:_____

Phone Number: _____ Fax number: _____

Medical Professional's Name _____

Address:_____

Phone Number: _____ Fax Number: _____

By my below signature, the above listed medical providers have my permission to release medical documentation and provide clarification to Birmingham City Schools for the purpose of completing my child's Referral/Evaluation for Homebound Services and/or completion of a Section 504 Plan.

Parent/Guardian Signature: _____Date_____

Please return form via email to: District 504 Support Teacher, Aisha McCollum at amccollum@bhm.k12.al.us
For any additional Section 504 questions or concerns email Aisha McCollum at amccollum@bhm.k12.al.us