



GREENVILLE COUNTY
SCHOOLS
 DIVISION OF ACADEMICS
 HOMEBOUND SERVICES

WAIVER OF HOMEBOUND HOURS

Student's Name:		
School:		
Date of Birth:	Grade:	No. of Hours Waived:
HB Begin Date:	HB End Date:	Actual Return Date:

I, _____, am the parent/guardian of the above named student, who has been a participant in Greenville County Schools Medical Homebound Instruction Program. I find that the remaining approved homebound hours are not necessary. My child has successfully completed all missed assignments and is current on all course content/work to the satisfaction of all parties; we therefore waive our right to any remaining approved homebound services.

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Principal Signature _____ Date _____

CENTRAL OFFICE
 301 CAMPERDOWN WAY
 GREENVILLE, SOUTH CAROLINA 29601
 864-355-9237 (FAX)