



DIVISION OF ACADEMICS
HOMEBOUND SERVICES

WAIVER OF HOMEBOUND HOURS

IMPORTANT: If a student has an IEP, homebound hours may not be waived. The IEP Team must meet to determine appropriate actions to meet student’s educational needs.

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’s Signature _____ Date _____

Homebound Teacher’s Signature _____ Date _____

Principal’s Signature _____ Date _____

CENTRAL OFFICE
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