

# 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: _____

I, \_\_\_\_\_, am the parent/guardian of the above named student, who has been a participant in Charleston County School District 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: _____
Homebound Coordinator's Signature: _____	Date: _____

**DEPARTMENT OF ALTERNATIVE PROGRAMS AND SERVICES (DAP) HOMEBOUND OFFICE**

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