

**GRANBURY INDEPENDENT SCHOOL DISTRICT**

**GENERAL EDUCATION HOMEBOUND EXIT FORM**

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ may return to the regular education program  
(STUDENT'S NAME)  
effective \_\_\_\_\_.

COMMENTS:

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\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date