

**APPLICATION FOR HOMEBOUND INSTRUCTION  
PARENTS' REQUEST**

To the Superintendent of Schools:

I hereby apply for homebound instruction for my daughter/son, \_\_\_\_\_, who is now unable, because of physical disabilities, to attend school, and will not be able to return for an indefinite period. His (Her) date of birth is \_\_\_\_\_. Grade in School is \_\_\_\_\_. I am enclosing the doctor's recommendations concerning the child's teaching. **(Please return form within 3 days)** I am in agreement that homebound instruction will begin immediately after contact is made with homebound teacher.

Signed \_\_\_\_\_  
(Parent or Guardian)

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PHYSICIAN'S RECOMMENDATIONS**

Student Name \_\_\_\_\_

Nature of Specific Handicapping Physical Condition \_\_\_\_\_

Is home study feasible? \_\_\_\_\_ Probable number of weeks \_\_\_\_\_

Numbers of hours of teaching recommended per week (school system provide 4 hours per week) \_\_\_\_\_

Indicate any special recommendations regarding the teaching \_\_\_\_\_

Physician's Name **(Please Print)** \_\_\_\_\_

Signed \_\_\_\_\_ M.D.

Date \_\_\_\_\_ Address \_\_\_\_\_

**LOCAL SCHOOL ADMINISTRATOR'S STATEMENT**

The above named child, a student in the \_\_\_\_\_ grade of the \_\_\_\_\_ school is a resident of the Susquehanna Community School District, and the school board of this district has approved application for homebound instruction for this child.

The child is being carried on the active roll during the period that he/she is receiving homebound instruction.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
District Superintendent

The following teachers will give the instruction:

Name \_\_\_\_\_ Fields of Certification \_\_\_\_\_

Name \_\_\_\_\_ Fields of Certification \_\_\_\_\_

Name \_\_\_\_\_ Fields of Certification \_\_\_\_\_