

Application for Homebound Instruction

Parents' Request

To the Superintendent of Schools,

I hereby apply for homebound instruction for my child _____, grade _____, who is now unable because of physical disabilities to attend school. His/Her date of birthdate is _____. I am enclosing the doctor's recommendations concerning the child's teaching.

Signature _____
(Parent/Guardian)

Address _____

Telephone _____

Physician's Recommendations

Name of Pupil _____

Nature of specific handicapping physical condition _____

Is home study feasible? _____

Probable number of weeks _____

Number of hours of teaching recommended per week (school system may provide five (5) hours per week) _____

Indicate any special recommendations regarding the teaching _____

Signature _____ M.D.

Address _____

Telephone _____

Date _____

School Administrator's Statement

The above named child, a pupil in the _____ grade of the Central Columbia _____ School is a resident of the Central Columbia 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 they are receiving homebound instruction.

Building Administrator _____

Date _____

The following teachers will give instruction:

Name _____

Field of Certification _____

Name _____

Field of Certification _____

Name _____

Field of Certification _____