

Forest Area School District
22318 Rt. 62, Box 16
Tionesta, PA 16353
Phone: 814-755-4491 Fax: 814-755-2426

Date of Application: _____

APPLICATION FOR HOMEBOUND INSTRUCTION

The Pennsylvania Department of Education requires that an application be on file for each student requesting Homebound Instruction. Please provide the following information for approval of Homebound services.

Student Name: _____

Grade: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Emergency contact: _____ Home Phone: _____ Cell Phone: _____

PHYSICIAN'S STATEMENT REGARDING THE HOMEBOUND HANDICAPPED CHILD

Description of Disability/Physical or Mental that prohibits school attendance:

Diagnosis: _____

Is the child physically or mentally unable to participate in a homebound instructional program? _____

If not, why? _____

Approximate number of days the child will be homebound:

____ less than 30 days ____ 30-60 days ____ 60-90 days

A new doctor's excuse is required every 30 days

Please list accommodations (physical or otherwise) recommended for optimum instructional delivery:

If FASD assures recommended accommodations be delivered in the school setting inclusive of a shortened school day, may the child attend school? _____

If not, why? _____

Type of Physician:

_____ Family Practice

_____ Physician

_____ Specialist (Identify Specialty) _____

Date: _____

Physician's Name: (Please Print) _____

Signature: _____

Address: _____

.....
Office Use Only

Date of Request _____ Total number of Homebound requests: _____

Notification to School Principal _____ Notification to registrar (PIMS) _____

Teacher Assigned: _____ Certification: _____

Hours per Week: _____

Date Instruction Begins: _____ Date Instruction Ends: _____

Approved by Building Principal:

_____ East _____ West

Signature: _____ Date: _____

Approved by Superintendent:

Signature: _____ Date: _____

Approved by Forest Area School District School Board Date: _____