

APPLICATION FOR HOMEBOUND INSTRUCTION

It is the policy of the Board of Education to provide individual instruction to students of legal school age who are not able to attend classes because of a physical or emotional disability or illness. The Board will provide homebound instruction only for those confinements expected to last at least twenty (20) school days, but exceptions may be made by the Superintendent as s/he deems advisable.

- A. The application must be made by a physician licensed to practice in this State and state:
  - 1. the nature of the illness;
  - 2. the probable duration of the confinement;
  - 3. reasons why homebound instruction is being recommended.
- B. The application should be submitted to the building administrator, school counselor and/or special education administrator for approval.
- C. The District may withhold homebound instruction when:
  - 1. the instructor's presence in the place of a student's confinement presents a hazard to the health of the instructor;
  - 2. a parent or other adult in authority is not at home or at the agreed upon location of tutoring with the student during the hours of instruction;
  - 3. the condition of the student is such as to preclude his/her benefit from such instruction.
- D. Instruction is provided by licensed personnel. Assignments are arranged by the building administrative and counseling team.
- E. Your child will receive a minimum of one (1) hour of home instruction for each day s/he is unable to attend school. The instructor will assign instructional experiences and evaluate your child's progress.

Student's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

PHYSICIAN'S REQUEST AND CERTIFICATION

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nature of Student's Incapacity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Length of Absence from School: \_\_\_\_\_

I have examined this student and find that s/he is incapacitated as stated above. I believe the student is capable of receiving and can benefit from away-from-school instruction.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

\*\*\*\*\*  
*(To be completed by school personnel and submitted with internal home instruction sheet)*

Beginning Date \_\_\_\_\_

Estimated Ending Date \_\_\_\_\_

Recommended Instructor \_\_\_\_\_

Submitted by \_\_\_\_\_

9/27/19