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.

B. The application should be submitted to the School Counselor/Pyramid Coordinator 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 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 School Counselor/Pyramid Coordinator.

E. The amount of instruction your child will receive shall be limited to five (5) hours per week; for students with an IEP, the time shall be in accordance with the revised IEP. The instructor will assign instructional experiences and evaluate your child's progress.

Student's Name: __________________________________ Date of Application: _________________

Parent's Signature: _____________________________________

________________________________ School

____
(Address)

PARENT REQUEST AND PHYSICIAN'S REPORT FOR HOME INSTRUCTION

Date ____________________

Student __________________________________ (M - F) Birthdate ____________________

Address ____ Phone _____________________

Date child last attended ____________ School ____________________________ Grade _____

TO BE COMPLETED BY PHYSICIAN (Required)

Explanation of Medical Condition: ____

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Date of Last Examination: ____

Will child's medical condition preclude regular school attendance? ____________________________

Specify reason: ____

Probable period child will be unable to attend school: _____________________________________

Physician's Name ___________________________

Address __________________________________

City _____________________ Zip Code _________

Phone ___________________________________

______________________________ ____
(Date) (Physician's Signature)

6/13/16

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