

RICHLAND SCHOOL DISTRICT

1 Academic Avenue, Suite 200
Johnstown, Pennsylvania 15904
Phone – 814-266-6063
Fax – 814-266-7349

APPLICATION FOR HOMEBOUND INSTRUCTION

Part I – To be completed by the Parent

My son/daughter _____, grade _____ in the
_____ School is not able to attend school. I hereby apply for homebound
instruction for him/her.

Parent's Signature _____ Phone _____

Address _____ Date _____

Part II – To be completed by the Physician

Name of Child _____ Date of Birth _____

1. I find the above named child to have the following disability:
 - a. Diagnosis _____
 - b. Description of Disability _____
 - c. Prognosis _____

2. Please indicate the length of time homebound will be needed not to exceed three (3) months.

_____ days _____ months

3. Are there any considerations that should be known that would affect the homebound program?

Physician's Signature

Address

Phone

Date

(over)

Part III – To be completed by Principal

Building _____

_____ has missed _____ days of school to date and I
Student

recommend that this student be considered for homebound instruction.

Principal's Signature _____

Date _____

Concluding Date _____

Teacher _____

Part IV – To be completed by Superintendent

Homebound Approval Date _____ by _____