

SCHOOL DISTRICT OF THE CITY OF JEANNETTE
Jeannette, Pennsylvania, 15644

Request for Homebound Instruction

Date Submitted: _____

Pupil's Name: _____ Age: _____ Grade: _____

Nature of medical condition which necessitates HOMEBOUND INSTRUCTION (in order to qualify for homebound instruction, the exact diagnosis must be stated):

Request homebound instruction for _____ weeks beginning _____

Physician _____
(signature)

Address _____

In order to meet the requirements of Federal and State Mandates concerning Homebound Instruction, I authorize the physician to furnish any information required for the student named above.

Parent or Guardian _____
(signature)

Address _____ Phone: _____

Office use only:

Homebound Teacher: _____

Pupil began instruction: _____

Pupil returned to school: _____

Number of hours pupil received homebound instruction: _____

School pupil attends: _____