

CANON-McMILLAN SCHOOL DISTRICT
ONE NORTH JEFFERSON AVENUE
CANONSBURG, PA 15317
HOMEBOUND INSTRUCTION APPLICATION

SECTION 1

Student Name _____ Date _____
Address _____ Date of Birth _____
_____ Home Phone _____
Parent Guardian Name _____
School Attending _____ Grade _____

PHYSICIAN'S STATEMENT

- SECTION 2** Yes No
1. The child is physically, mentally and emotionally able to attend regular public school. ____ _
 2. The child is physically, mentally and emotionally able to carry a homebound instruction program. ____ _
 3. Probable number of weeks of homebound instruction required. (**Maximum 12 weeks**)
 4. Maximum hours of instruction per week the child is able to carry. (**5 hours maximum**)
 5. Description of disability. (Please be specific in lay terms) _____
 6. Special Instructions: _____

Date _____ Doctor's Name (please print) _____ M.D. Phone # _____
Doctor's Signature _____

(Doctor's release required upon student's return to school)

STATE REGULATIONS REQUIRE THAT ALL STUDENTS RECEIVING HOMEBOUND INSTRUCTION MUST BE RE-EVALUATED NOT LESS THAN EVERY 3 MONTHS.

PRINCIPAL'S STATEMENT

SECTION 3 Special Education Program: Yes ____ No ____

Instructional Requirements: _____

Date _____ Principal's Signature _____

SECTION 4

Teacher(s) Assigned _____

Homebound Instruction scheduled to start week of _____
Homebound Instruction scheduled to end week of _____

Approved by _____
Michael W. Daniels, M.S.
Superintendent of Schools