

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 \_\_\_\_\_

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**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.**

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**PRINCIPAL'S STATEMENT**

**SECTION 3** Special Education Program: Yes \_\_\_\_ No \_\_\_\_

Instructional Requirements: \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Principal's Signature \_\_\_\_\_

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**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