

CANON-McMILLAN SCHOOL DISTRICT
200 BIG MAC BOULEVARD
CANONSBURG, PA 15317
HOMEBOUND INSTRUCTION APPLICATION

SECTION 1

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

PHYSICIAN STATEMENT

SECTION 2

Y N

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

Copy to be sent to Attendance & Guidance

Revised 1/13 (Blue)