



# FREEPORT AREA SCHOOL DISTRICT

Post Office Box C  
Freeport, Pennsylvania 16229  
(724) 295-5141

## REQUEST FOR HOMEBOUND INSTRUCTION

### STUDENT SECTION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Building: \_\_\_\_\_ Grade: \_\_\_\_\_

Please attach a copy of the student's class schedule, if in junior or senior high school.

Is the student identified as a special education student? Yes  No

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### PHYSICIAN SECTION

Homebound instruction is provided by the Freeport Area School District for students who are unable to attend school due to medical reasons. A signed medical statement must be received specifying the medical reason for homebound and diagnosis; a statement that the student is not able to attend school and is able to have homebound instruction; and the length of time homebound instruction will be required. If additional homebound instruction is needed, another Request for Homebound Instruction form must be completed.

Pregnancy alone is not a reason for homebound instruction; a specific accompanying medical complication must be stated.

Only a psychiatrist may certify a student for homebound instruction based on mental or emotional illness.

Specific medical reason/diagnosis for homebound: \_\_\_\_\_

Date instruction to begin: \_\_\_\_\_ Date instruction to end: \_\_\_\_\_

The above-named student is unable to attend school and requires homebound instruction.

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name, Address, Telephone: \_\_\_\_\_

### SUPERINTENDENT'S OFFICE APPROVAL SECTION

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_