



# ELIZABETH FORWARD *School District*

Dr. Randal Sydeski  
Director of Personnel and Student Services

401 Rock Run Road, Elizabeth, PA 15037  
412-896-2310 Fax 412-751-9483

*(Form to be completed by Physician)*

## Physician's Statement Regarding Student Need for Homebound Instruction

I. Name of Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

City/Zip: \_\_\_\_\_ School: \_\_\_\_\_

II. I certify the above named student to have the following disability: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

III. Description of Medical/Mental\* Disability: \_\_\_\_\_

Prognosis: \_\_\_\_\_

IV. Is this student physically/*emotionally*\* able to attend school in a regular class \_\_\_ Yes \_\_\_ No

If 'NO', please state concise medical reason: \_\_\_\_\_

V. Is this student physically/*emotionally*\* able to attend school in a special class for handicapped students? Yes \_\_\_ No \_\_\_

VI. Estimate the length of time the student will require the services of the Homebound Instruction Program: \_\_\_\_\_

VII. The maximum number of Homebound Instruction hours per week is 5.  
(1 hour per week in each of the 5 subject areas). If this student is unable to receive this many hours, indicate the number of hours per week the student can receive: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Psychiatrist, check here: \_\_\_\_\_

*\*Can only be certified by a Psychiatrist*

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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*(Form to be completed by Parent/Guardian)*

## APPLICATION FOR HOMEBOUND INSTRUCTION

**Grade:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Student's  
Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ (H) \_\_\_\_\_ (other)

**Parent's Name:** \_\_\_\_\_

**Nature of condition:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician  
Address:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Return Completed Forms (Physician's statement and Parent application) to:**

**Elizabeth Forward School District -- Student Services  
Attn: Dr. Randal Sydeski  
401 Rock Run Road  
Elizabeth, PA 15037**