

PENNSAUKEN PUBLIC SCHOOLS

Central Administration

1695 Hylton Road

Pennsauken, NJ 08110

TO BE COMPLETED BY PARENTS REQUESTING HOMEBOUND INSTRUCTION

Date _____ Name of Student _____

Grade _____ School _____

Parent/Guardian Name _____

Address _____

Telephone:

Home _____ Work _____ Cell _____

Student Illness _____

Doctor:

Name _____

Address _____

Phone _____

Name of Parent/Guardian OR adult designee who will be at home during the time home instruction is given (REQUIRED by the Pennsauken Board of Education):

PRINT NAME _____

- ◆ I acknowledge that by signing below I am authorizing the Pennsauken Board of Education, or their designee, to obtain medical information pertaining to this request from our physician listed above.

Signature of Parent/Guardian

- ◆ In accordance with school policy #6173 (copy attached)