

PENNSAUKEN PUBLIC SCHOOLS  
Central Administration  
1695 Hylton Road  
Pennsauken, NJ 08110

**PHYSICIAN FORM**

\_\_\_\_\_ has requested home instruction for their  
son/daughter \_\_\_\_\_.

We are ready to provide this service as soon as we receive a medical report outlining the following  
information:

- ◆ Nature of illness \_\_\_\_\_
- ◆ Recommended start date for home instruction \_\_\_\_\_
- ◆ Anticipated return to school date \_\_\_\_\_
- ◆ Verification that the illness is such that it can in no way endanger the health of the assigned instructor

\_\_\_\_\_  
\_\_\_\_\_

We strive to offer our students the best educational services we can provide. We appreciate your time and attention  
in assisting us to meet this student's needs.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number