

**Tredyffrin/ Easttown School District Office
of Individualized Student Services**

Parent Request for Homebound Instruction

Date of Request _____

Name of Student

Grade

School

is ill and presently in the care of Dr. _____ located at
Name of Physician

Because of my child's illness, _____
State Nature of Illness

he/she will be absent from school for a period of _____.
Estimated Length of Time

I/We, _____, hereby request that the Tredyffrin
Name of Parent/Guardian

Easttown School District provides homebound instruction for our child. I have received a copy of the Administrative Regulation – 6210 Homebound Instruction. Attached is a fully completed and signed Medical Request Form, which is required prior to approval of the homebound request.

Signature of Parent/Guardian

Address

Phone

Date Submitted to Counselor

Please return this form to the student's counselor.