

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

**School Request for Homebound Instruction**

Student\_\_\_\_\_ Age\_\_\_\_\_ School\_\_\_\_\_ Grade\_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address\_\_\_\_\_

Phone\_ (Home)\_\_\_\_\_ (Mobile)\_\_\_\_\_ (Work)\_\_\_\_\_

Brief description of illness \_\_\_\_\_

\_\_\_\_\_

Required forms completed and attached: Start Date \_\_\_\_\_

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Parent Request Form

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Medical Request Form Instruction End Date (90<sup>th</sup> calendar day) \_\_\_\_\_

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TUTOR	COURSE/SUBJECT(S)	HOURS PER WEEK	CONTACT INFORMATION

Recommended by:\_\_\_\_\_ Date\_\_\_\_\_

Principal Approval\_\_\_\_\_ Date\_\_\_\_\_

Superintendent or Designee\_\_\_\_\_ Date\_\_\_\_\_

Received in OISS on\_\_\_\_\_ by \_\_\_\_\_