Saddle Brook Public Schools

355 Mayhill Street, Saddle Brook, NJ 07663
Phone: 201-843-1142
Fax: 201-843-0216

SBPS Home Instruction Request Form

A student may be placed on home instruction when they are absent for 10 consecutive school days, and upon the approval of the school district's physician. A request for home instruction must be submitted by a student's physician, including the reasons and duration that the student is unable to attend school. A home instruction request begins with the submission of this form, which is completed by the parent and the student's physician.

Section I: For Parent to Complete	
Name of Student:	
Student's Date of Birth:	
Name of Parent(s)/Guardian(s):	
Home Address:	
Name of school:	
Student's grade:	
Is the student admitted into an inpatient facility? If yes, what is the name of the facility?	

As per NJ6A:16.10.1, the school physician shall verify the need for home instruction and may contact the student's physician to secure additional information concerning the student's diagnosis or need for treatment, and shall either verify the need for home instruction or shall provide to the district Board of Education reasons for denial. The school district shall notify the parent concerning the school physician's verification or reason for denial within five school days after receipt of the written determination by the student's physician.

Release of Information to District Staff
Section 2: For Parent to Complete For the purpose of providing school-based assistance to my child, and a review of our home instruction request, I am granting the following individuals to have permission to communicate with my child's physician indicated below

Physician Name and Phone #	
District Staff indicated, and the Principal and School Counselor entered here:	Dr. Joseph Bellapianta, *District Physician*, Mrs. Jaynellen Behre Jenkins, *Director of Planning/Research & Evaluation*, _____, *Principal* _____, *School Counselor*
Date	
Parent Signature	

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Section 3: For Attending Physician to Complete	
Attending Physician's Name:	
Phone Number:	
Address:	
Date of Examination:	
Diagnosis:	
Explain below how/why the illness prevents the student from attending school:	
What is the treatment plan for the student to return to school? (required)	
Is this student in his/her present condition, physically and/or mentally capable of benefiting from home instruction?	
Is a home instructor able to work with the student without subjecting themselves to an unreasonable risk of contagion?	

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Section 4: Certification by Student's Physician	
Physician's Signature:	
Date:	

The below is to be completed by the District Physician.

Indicate that you have reviewed the report of the attending physician and concur OR do not concur with the determination that the student is eligible for home instruction.

Section 5: District Physician Approval	
Determination by District Physician	☐ Concur (Approved) ☐ Do Not Concur (Not Approved)
Date:	
Signature of District Physician:	