

EASTON AREA SCHOOL DISTRICT

REQUEST FOR TEMPORARY EXCUSAL FROM SCHOOL

SEND TO:

FAX:

PARENT/GUARDIAN & RECOMMENDING PHYSICIAN PLEASE READ CAREFULLY:

I hereby apply for a temporary excuse from school. I certify that my son/daughter is unable to attend school due to temporary urgent physical or mental reasons. I understand that the allotted duration of the extension is solely determined by the District but will not exceed sixty (60) days. I hereby grant the District permission to speak to the physician providing certification below and/or to share information with such physician. I understand that excusal from school may result in deterioration of my child's grades. I also understand that, during a medical excusal period, the District is under no obligation to ensure my child's academic success and/or provide tutoring or course materials for my child to complete. The District may, at its discretion, choose to forward course materials to my child, but it is under no obligation to do so and shall not be held responsible for any oversights or failure to provide materials.

I understand that Tutoring during a temporary excuse from school is at the discretion of the District, and that the student has no automatic right to credits during an excusal from school. Tutoring during excusals, if provided, should not be considered as a replacement for special education in the least restrictive environment or attendance and instruction in the regular school setting. Should my child be found eligible, I understand that the District may reassess her/his homebound approval based upon such eligibility.

(Student's Name – Please Print)

(Date of Birth)

_____/_____
(Grade / Building)

(Name of Parent/Guardian)

(Telephone Number)

(Date of Request)

PHYSICIAN STATEMENT VERIFYING NEED FOR TEMPORARY MEDICAL EXCUSAL

MUST PROVIDE ALL REQUESTED INFORMATION

Name of Student: _____ Date: _____

Description of Urgent mental or physical condition: _____

Basis for Determination (ex., Office Visit, Physical Exam, Blood Test, etc.): _____

Medical needs/restrictions during homebound tutoring: _____

I have read the reverse side of this form, and I understand that temporary medical excusals from Pennsylvania's 180-day mandatory attendance law are permitted, by law, only for students who have a temporary, urgent medical condition that prohibits them from attending any part of the school day and that long-term and/or permanent disabilities/medical conditions are not eligible for temporary excusal (although they may qualify for other protections and/or accommodations).

*I hereby certify that the student identified above is **unable to attend any part of the school day** due to the condition described above. I further certify that this condition is temporary in nature.*

Physician/Psychiatrist Name: _____ Signature: _____
(Please Print Clearly)

Telephone Number: _____ Address: _____

Expected duration of Temporary Disability: _____

NOTE: The District requires a reassessment of the student's condition after sixty (60) calendar days.

DISTRICT OFFICE USE ONLY

The Renewed Request for Temporary Excusal from School has been: ☐ Approved ☐ Not Approved

The student ☐ shall ☐ shall not receive tutoring during the temporary excusal from school.

(Date)

(Signature and Title)

REVIEWED BY DISTRICT PHYSICIAN?

☐ YES ☐ NO

APPROVED BY DISTRICT PHYSICIAN?

☐ YES ☐ NO

EASTON AREA SCHOOL DISTRICT

IMPORTANT NOTICE TO PARENTS AND RECOMMENDING MEDICAL DOCTORS REGARDING REQUESTS FOR TEMPORARY EXCUSE FROM SCHOOL

PENNSYLVANIA MANDATORY ATTENDANCE LAW

In Pennsylvania, all children age eight through seventeen are legally required to attend school. Pursuant to School Code Section 13-1329 a student may be temporarily excused from school if they are prevented from attending for “any mental, physical or other urgent reasons.” The School Code states “the term ‘urgent reasons’ shall be strictly construed and shall not permit irregular attendance.” Under state regulation, 22 Pa Code § 11.34(a) (excusals from attendance for other than temporary reasons), school districts may require and/or allow their own physicians and school psychologists to verify/certify such requests.

It is the policy of the District to consider valid recommendations of private, treating physicians where such recommendations confirm the existence of a temporary, urgent condition that prevents a child from attending school. **ALL MEDICAL EXCUSALS ARE AT THE DISCRETION OF THE DISTRICT AND ARE SUBJECT TO SCHOOL BOARD POLICY.**

If the District has any questions, concerns, or needs additional information about a recommendation, it may seek parental consent for the verbal or written exchange of educationally relevant information with a treating physician. It is helpful for a doctor’s office to also obtain parental consent to permit verbal exchange of necessary information. **THE DISTRICT RESERVES THE RIGHT TO REFUSE TO GRANT AN EXCUSAL BASED UPON LACK OF REQUISITE MEDICAL INFORMATION.**

NECESSARY AND APPROPRIATE IN-SCHOOL ACCOMMODATIONS WILL BE PROVIDED, AS REQUIRED BY LAW FOR STUDENTS WITH DISABILITIES.

It is important for physicians to know that the law requires the District to provide necessary accommodations for students with disabilities so that they are able to participate fully in the District’s education program without discrimination. The District takes this responsibility very seriously and works to ensure that students with disabilities are able to participate in school. To the extent that a student with a disability is able to attend school but requires accommodations to do so, the District will work with the parents and student, as well as the student’s physician, where necessary, to properly accommodate students eligible for IDEA and/or Section 504 protections.

It is also important for a recommending physician to know if a student is identified as eligible for special education programming. It is not appropriate to excuse a child from school if presenting problems can be addressed through the modification of the student’s school program to accommodate the illness or disability or through special education programming, which may include Instruction in the Home. To this end, it is essential that treating physicians, psychiatrists, counselors, Parents and the District communicate openly about a child’s needs. If the District receives a request for a homebound excuse for a child who may have a disability, it may seek parental consent to receive written or verbal recommendations from outside providers. Any educationally relevant written recommendations provided by an outside provider will be reviewed by the District; such input is greatly appreciated.

Thank you in advance for your cooperation. Please contact your school guidance counselor with any questions or concerns.