

PALMYRA AREA SCHOOL DISTRICT

Application for Homebound Instruction

_____	_____	_____
Pupil Name	Sex	Date of Birth
_____	_____	
School	Grade	

Medical Diagnosis/Doctor's Report: (Please attach prescription form or other supporting documentation that includes diagnosis, physician's identification number and physician's signature.) Please provide sufficient information to justify the reason for support at home.

Date of Onset: _____ Probable Duration: _____ weeks

The above-named student is unable to attend school for more than 15 consecutive days due to a temporary serious medical condition. The district may contact the physician for verification or clarification of information regarding homebound. The district requires a reassessment of the student's condition by the physician after 60 calendar days. The above-named pupil is able to receive homebound instruction for _____ (maximum 5 hours) per school week.

_____	_____
Physician's Signature	Date
_____	_____
Physician's Name (Print)	Phone Number

To be completed by Palmyra Area School District

_____	_____	_____
Name of Tutor	Building Principal	Date
_____	_____	
Superintendent	Date	