

HOMEBOUND INSTRUCTION APPLICATION

TO: Shane Hazenstab, Superintendent
Conemaugh Valley School District
1340 William Penn Avenue
Johnstown, PA 15906

Date: _____

I hereby apply for homebound instruction for my son/daughter _____
who is physically disabled. He/She is _____ years of age and is in the _____ grade in the
_____ school.

(Parent's Signature)

(Address)

(Phone)

PHYSICIAN'S STATEMENT

I am the attending physician for the above referenced child and I recommend homebound instruction for said child:

DIAGNOSIS: _____

PROGNOSIS: _____

ESTIMATED LENGTH OF TIME THE STUDENT SHOULD REMAIN HOME: _____

CIRCUMSTANCES UNDER WHICH LESSONS SHOULD BE TAUGHT (lying on a bed, sitting for a designated period of time, etc.): _____

MAXIMUM HOURS OF INSTRUCTION ALLOWED PER WEEK: _____ hours. (School district may provide five (5) hours of instruction per week.)

OTHER SPECIFIC INSTRUCTIONS WHICH SHOULD BE FOLLOWED IN ORDER TO AFFECT NORMAL RECOVERY FROM THE HANDICAPPING CONDITION: _____

Physician's Name-Please Print/Type M.D. Physician's Address

Physician's Signature Physician's Phone Date Physician Signed

Recommended by Superintendent (signature) Effective Date Homebound Instruction May Begin