

TRINITY AREA SCHOOL DISTRICT

The Pennsylvania Department of Education's Application for Approval of Homebound Instruction will be filled out in the office of the Assistant Superintendent. All necessary data is contained on this form.

Date: _____

This is an application for Homebound Instruction for: _____
(Name of Child)

who is physically handicapped.

Date of Birth: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____ Phone: _____

PHYSICIAN'S STATEMENT REGARDING THE HOMEBOUND HANDICAPPED CHILD

I find the above named child to have the following disability:

Description of Disability: _____

Date Confinement Began: _____

Is the child physically unable to attend his regular public school? _____

Is the child physically able to participate in a homebound instructional program:

Yes _____ No _____

Approximate length of time child will be homebound – probable number of weeks? _____

Maximum hours of instruction per week child is physically able to participate? _____

Do you recommend sitting: _____ lying _____ writing _____ special _____

Date: _____ Physician's Name: _____

Signature: _____

Address: _____

TO BE COMPLETED BY THE SCHOOL

Name of Teacher: _____ Certification: _____

Hours Per Week: _____

Probable Number of Weeks: _____

Reported By: _____
(Name & Title)