BELLE VERNON AREA SCHOOL DISTRICT

270 Crest Avenue, Belle Vernon, Pennsylvania 15012
Phone 724/808-2500 ext. 1500
Fax 724-929-5598

REQUEST FOR HOMEBOUND INSTRUCTION

PARENT REQUEST: _____New Request _____ Homebound Renewal

I hereby apply for Homebound Instruction for my son/daughter _____, who is in Grade _____ in the _____ School, and who is now unable to attend school because of physical and/or mental disability. The doctor's recommendations for schooling follow below.

Legal Parent/Guardian Name	**Mobile Phone:** **Home Phone:**
Legal Parent/Guardian Address	**Date:**

PARENT RELEASE OF INFORMATION:

I request that my child be provided Homebound Instruction. I authorize the appropriate school personnel to contact my child's physician/psychologist listed below for information related to this request at any time during the period where such services are needed. I understand the District's right to gather sufficient information to support this request. [This information will be maintained in accordance with the Family Educational Rights and Privacy Act or FERPA (35 CFR Part 99).]

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

PHYSICIAN'S STATEMENT REGARDING HOMEBOUND ON REVERSE.

Please note: A re-evaluation by a physician is required every 90 days.

PHYSICIAN/PSYCHOLOGIST STATEMENT REGARDING HOMEBOUND:

Child's name: _____ Grade: _____

I find the above named child to have the following disability prohibiting school attendance and warranting Homebound Instruction:

Diagnosis	
Description of Disability	
Prognosis	

Is the child physically unable to attend his/her regular public school? ____Y ____N

Is the child physically able to carry on Homebound Instruction? ____Y ____N

Please note: A re-evaluation by a physician is required every 90 days.

Approximate Length of Homebound: **From:** **To:**	**Recommendations: ___ Sitting ___ Lying ___ Writing ___ Other (please specify)**

_____ _____

NAME OF PHYSICIAN/PSYCHOLOGIST SIGNATURE

_____

DATE

_____ _____

PHONE

_____

ADDRESS

HB Program Manager & Superintendent Approval	**X**_____ **X**_____