

PENN CAMBRIA SCHOOL DISTRICT  
Cresson, Pennsylvania  
**HOMEBOUND INSTRUCTION APPLICATION**

Date \_\_\_\_\_

TO: **William W. Marshall**  
**Penn Cambria School District**  
**201 6<sup>th</sup> Street**  
**Cresson, PA 16630**

I hereby apply for homebound instruction for my (son, daughter) \_\_\_\_\_ who is physically disabled. (He, She) is \_\_\_\_\_ years of age and is in grade \_\_\_\_\_ in the Penn Cambria \_\_\_\_\_ School.

\_\_\_\_\_  
Parent's Signature Phone

\_\_\_\_\_  
Address

**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 at home: \_\_\_\_\_

Circumstance under which lessons should be taught (lying on a bed, sitting for a designated period of time, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maximum hours instruction allowed per week: \_\_\_\_\_ hours. (School district may provide five (5) hours of instruction per week.) Other specific instructions that should be followed in order to effect normal recovery from the handicapping condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Name – Please Print or Type M.D. Address

\_\_\_\_\_  
Doctor's Signature Phone Date

**OFFICE USE ONLY**

\_\_\_\_\_  
Building Principal Date

\_\_\_\_\_  
Special Ed Office Date

\_\_\_\_\_  
Superintendent Date