Form #12
(Rev. 5/82)
(Rev. 7/05)
(Rev. 9/06)
(Rev. 9/14)
(Rev. 12/17)

PENN CAMBRIA SCHOOL DISTRICT
Cresson, Pennsylvania

HOMEBOUND INSTRUCTION APPLICATION

Date _____

TO: Jaime Hartline
Penn Cambria School District
201 6th 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:_____
_____
_____

_____M.D. _____
Doctor's Name – Please Print or Type Address

_____ _____ _____
Doctor's Signature Phone Date

OFFICE USE ONLY

_____ _____
Building Principal Date Special Ed Office Date

_____
Superintendent Date