

TURKEYFOOT VALLEY AREA SCHOOL DISTRICT
ADMINISTRATIVE OFFICES

Date of Application

APPLICATION FOR HOMEBOUND INSTRUCTION

The Pennsylvania Department of Education's application for approval of Homebound Instruction (PISE-8) will be filled out in this office. All necessary data are contained on this form.

This is an application for Homebound Instruction for _____ who is physically handicapped.
(Name of Child)

Date of Birth ___/___/___ Teacher: _____

Parent or Guardian: _____
(Name & Address)

PHYSICIAN'S STATEMENT REGARDING THE HOMEBOUND HANDICAPPED CHILD

Description of Disability: _____

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

Is the child physically able to carry a homebound instructional program? _____

Approximate number of weeks the child will be homebound: _____

Do you recommend: Sitting ___ Lying ___ Writing ___ Special _____

Date: ___/___/___ _____
(Physician's Name - Please Print)

(Signature of Physician)

Name of Teacher: _____ Hours per week available: _____

Kinds of Certification: _____ Number of weeks available: _____

Approval by Superintendent:

Signature: _____ Date: ___/___/___

In the event that the student for whom this Application is made, and/or anyone acting on his/her behalf, makes any fraudulent misrepresentation(s) on this Application, including but not limited to forgery of the Physician's Statement or signature, the District is authorized by law to bring an action based on fraud against such individual(s) for recovery of the cost of homebound instruction.

