

CATASAUQUA AREA SCHOOL DISTRICT

STUDENT VERIFICATION OF HOMEBOUND INSTRUCTION

I verify that I received homebound instruction from:

_____ **TIMES: From: _____ To: _____**
TEACHER'S NAME

SUBJECTS STUDIED ON THIS DATE:

_____ **STUDENT'S SIGNATURE** **DATE**

Original white copy – attach to Request for Payment form

Yellow Copy – To be retained by teacher

Updated: 11/13/09