Catasauqua Area School District
REQUEST FOR HOMEBOUND INSTRUCTION

TO: Dr. Christina Lutz-Doemling, Superintendent
Catasauqua Area School District
201 North 14th Street
Catasauqua, PA 18032

I hereby apply for special instruction of my son/daughter who is now unable, because of physical/emotional disabilities, to attend school, and will not be able to return for an indefinite period of time.

_____ _____ _____/_____
(Student's Name – PLEASE PRINT) *(Date of Birth)* *(Grade/Building)*

_____ _____ _____
(Date of Request) *(Name of Parent/Guardian PLEASE PRINT)* *(Signature of Parent/Guardian)*

_____ _____
(Telephone Number) *(Address – PLEASE PRINT)*

Has the child been on homebound instruction before? _____Yes _____No

If yes, when and how long? _____

PHYSICIAN'S/PSYCHOLOGIST'S STATEMENT REGARDING THE HOMEBOUND CHILD
PLEASE PRINT ALL RESPONSES, THANK YOU!

Name of Child: _____

Diagnosis: _____

Description of Disability: _____

Prognosis: _____

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

If the child physically able to carry a homebound instruction program of five (5) hours per week? _____

Approximate dates: Begin on: _____ End on: _____

_____ _____ _____
(Date) *(Physician's/Psychologist's Name PLEASE PRINT)* *(Signature of Physician/Psychologist)*

_____ _____
(Telephone Number) *(Address – PLEASE PRINT)*

CATASAUQUA AREA SCHOOL DISTRICT – SUPERINTENDENT'S OFFICE USE ONLY

The Request for Homebound Instruction has been: _____Approved _____Not Approved
Reason Not Approved _____

_____ _____
(Date) *(Superintendent's Signature)*