

Catasauqua Area School District
REQUEST FOR HOMEBOUND INSTRUCTION

TO: Mr. Robert J. Spengler, 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)