



# Fort Cherry School District



## PROCEDURES FOR PARENTS FOR HOMBOUND/INSTRUCTION IN THE HOME

Dear Parent/Guardian:

Homebound and In the Home Instruction are generally approved for students who will be detained at home for long periods of time due to placement related to medical, disciplinary, or court ordered. The Fort Cherry School District provides five and one-half (5.5) hours of instruction per week at the home.

After completing the Parental Section please have your physician complete the Medical Section and return the form to your student's Building Principal as soon as possible to be considered for approval.

### **PARENTAL SECTION**

*Please print clearly in ink or type the following information.*

Student Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_ Student Age: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Anticipated length (if known): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MEDICAL SECTION**

*Please print clearly in ink or type the following information.*

Nature of Illness/Injury: Please describe in detail the reason(s) the illness/injury requires the child to receive Homebound/In the Home Instruction. PLEASE NOTE, pregnancy is NOT considered an illness.

\_\_\_\_\_

Length of Time Homebound/In the Home Instruction required: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OFFICE USE:**

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

Building Principal Notified:  Date: \_\_\_\_\_