

PLYMOUTH COMMUNITY SCHOOL CORPORATION

APPLICATION FOR HOMEBOUND INSTRUCTION

It is the policy of the School Board to provide individual instruction to students of legal school age who are not able to attend classes because of illness, incapacity, or placement by a Case Conference Committee. The board will provide homebound instruction only for those confinements expected to last at least twenty (20) school days, but exceptions may be made by the Superintendent or a Case Conference Committee.

- A. The application must be made by a physician licensed to practice in this State and state:
 - 1. the nature of the illness;
 - 2. the probable duration of the confinement;
 - 3. _____.

- B. The application is submitted to the _____ for approval.

- C. The Corporation may withhold homebound instruction when:
 - 1. the instructor's presence in the place of a student's confinement present a hazard to the health for safety for the teacher;
 - 2. a parent or other adult in authority is not at home with the student during the hours of instruction;
 - 3. the condition of the student is such as to preclude his/her benefit from such instruction.

- D. Instruction is provided by certified personnel. Assignments are arranged by the _____.

- D. Your child will receive a minimum of ____hours of home instruction for each day s/he is unable to attend school. The instructor will assign instructional experiences and evaluate your child's progress.

A physician's statement should be attached to this request and should include the estimated amount of time the student will need homebound instruction.

Student's Name: _____ Date of Application: _____

Parent's Signature: _____ Date: _____

(OFFICE ONLY)

Beginning Date: _____ Ending Date: _____

Instructor: _____ (please attach copy of license)

Authorized by: _____

PHYSICIAN'S REQUEST AND CERTIFICATION

Student's Name _____

Nature of Student's Incapacity:

Length of Absence from School: _____

I have examined this student and find that s/he is incapacitated as stated above. I believe the student is capable of receiving and can benefit from away-from-school instruction.

Physician

Date

Beginning Date _____

Ending Date _____

Instructor _____

Authorized by _____