Ridgway Area School District

REQUEST FOR HOMEBOUND INSTRUCTION

What is the Purpose of the Form?

The first two forms are to be used by a parent/guardian who wishes to request homebound instruction for their child.

Who Should File the Form?

The parent or guardian must have the physician's portion of the Request for Homebound Instruction form filled out and must file the form with the appropriate school office. Accompanying this form must be the signed and dated "Written Authorization" form. **Note**: *The student must also sign and date this form if 14 years of age or older*. The school office must complete the bottom half of the form and submit to the Superintendent's Office.

When Should the Form be Filed?

The above-mentioned forms must be filed prior to the initiation of homebound instruction. A new Request for Homebound Instruction form must be completed every 30 days for extended illnesses. The "Written Authorization" form is valid for a period of one year.

Special Notes:

The physician's office must accurately complete the top half of the Request for Homebound Instruction form. There must be a complete diagnosis and the duration must be noted. Principals should consult policy 117 before filing this form.

When a parent or guardian of a **student with a disability** presents the completed "Request for Homebound Instruction" form to the district, the appropriate building office must also complete the form "Homebound Instruction/Instruction Conducted in the Home Reporting Form for Special Education Students." Both completed forms must be faxed or emailed to the Department of Education as indicated.

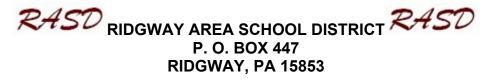
Revised: January 2005

REQUEST FOR HOMEBOUND INSTRUCTION RASD RIDGWAY AREA SCHOOL DISTRICT RIDGWAY, PA

TEL. #814-773-3146

FAX 814-776-4299

TO BE COMPLETED BY PHYSICIAN					
Name of Student	Date				
Nature or cause preventing school attendance	ce				
	probable durationverified at the end of every 30 calendar days)				
Signature of Attending Physician					
Please print Physician's Name					
Address					
Telephone Number ()					
*********	*******				
TO BE COMPLETED BY SCHOOL DISTRICT	TO BE COMPLETED BY HOMEBOUND INSTRUCTOR				
Date of Birth Grade	Name of Teacher Certification Subjects to be taught				
Address					
	Hours per week (Max. 5 hrs)				
Telephone No Date Started					
School (Elem)(MS)(HS)	Estimated completion date				
Homeroom #	Comments:				
Homeroom Teacher	_				
Signature of Building Principal	Signature of Teacher It is the responsibility of the homebound teacher to notify the building office of completion of homebound				



ELEMENTARY OFFICE		☐ HIGH SCHOOL OFFICE TEL: 814/773-3164 FAX: 814/773-3115	☐ OFFICE OF STUDENT SERVICES TEL: 814/776-4255 FAX: 814/776-4298	
	WRITTEN A	UTHORIZATION TO RE	QUEST / RELEASE S	STUDENT RECORDS
TO:	DATE OF REQUEST:			ST:
RE:	STUDENT DOB:			
Requ	est / Release to an	Agency		
	following informatio lested / released in o		TUDENT'S MEDICAL CONDITION AND H	OW IT MAY IMPACT ACCESS TO THE EDUCATION PROGR.
I/We	Psychological Rep Medical Treatment Social Casework I Counseling / Ther Intake Data & Social Individual Service Other: *PHI - Protected Individual Service with the designated in maintained. Photocopies of the This written author of Student Service The identified ago	wing: Information will be exchanged with the consicustion of the consicustion shall expire one year prization may be revoked at an es at the above address.	Academic Recomplete Special Educated Probation (May Discharge Sum Recommendating Exchange of Volume 14) With the understanding that dered valid. If the date signed in writing ave no responsibility or lia	tion Records (May include PHI*)
SIGN	ATURE OF PAREN	T/GUARDIAN		OATE OF SIGNATURE
SIGN	ATURE OF STUDE			OATE OF SIGNATURE

at the office specified above.