



Hampton Township School District Request for Homebound Instruction

Updated 5/13/15

School Year _____ - _____

Name of Student: _____ Parent/Guardian: _____

Address: _____ School: _____ Grade _____

Student's Date of Birth: ____ / ____ / ____

1. District Contact: _____ Phone: _____

Physician's Statement Regarding Student Need for Homebound Instruction
(Certain Clarifications are on the back of this sheet)

2. I certify that the above named student has the following illness or injury: _____

3. Brief Description: _____

4. Is the student able to attend school: YES ___ NO ___

If no, please state a concise medical reason: _____

5. Is the student able to participate in a Homebound Instruction Program: YES ___ NO ___

6. Homebound Instruction will be required for (Estimated Time Frame): _____

(Not to exceed 6-weeks per physician evaluation)

NOTE: (Request beyond 4 weeks may require an Authorization for Disclosure of Protected Health Information by the Primary Care Physician)

7. The maximum number of hours of Homebound Instruction per week this school district provides is 5 hours.
If the student is unable to receive 5 hours/per week, please indicate the number of hours per week the student can sustain: _____ hours /per week

➔ Physician Signature: _____ Date: ____ / ____ / ____

Physician's Name: (Please Print) _____

Address: _____ Phone: _____

Please check one: Psychiatrist Physician

Fax To: High School: 412-486-7050; Middle School: 412-487-7544; Central Elementary: 412-486-1144;
 Poff Elementary: 724-443-4429; Wyland Elementary: 412-486-6718

(Instructions on Back)

*******DO NOT WRITE BELOW THIS LINE: Assistant Superintendent's Office Only*******

Request APPROVED through ____ / ____ / ____ (after this date updated information will need to be submitted)

Assistant Superintendent's Signature: _____ Date ____ / ____ / ____

To The Physician:

Please complete this form as precisely as possible. Be sure to specify why the medical condition will restrict the student from normal instruction. For example, should ***Pregnancy*** be the condition listed on item **2**, then the description listed on item **3** must explain any complication(s) resulting from the pregnancy which will prohibit the student from attending regular instruction. Also, ***School Phobia*** and other similar conditions cannot be listed as a legitimate illness/injury without certification from a psychiatrist.

**Without the proper explanation and certification,
the District will be unable to approve the Request for Homebound Instruction.**

PLEASE NOTE: Requests can only be approved for (up to) a maximum of 6 weeks. Should a condition restrict a student from school attendance longer than 6 weeks, a new ***Request for Homebound Instruction*** will need to be submitted for approval.

If you have any student questions or concerns, please refer to the District Contact Person listed on item 1.

To School District Personnel:

This form is used by the District to comply with local and state regulations for Homebound Instruction.

Proper documentation/verification is required for illnesses/injuries.

Please ensure the District's portion of this form is complete before sending it to the parent or physician. Remember to always properly identify the **District Contact Information** (name and phone number) in item **1** in case the physician has questions.

***NOTE: Since the Homebound Instruction Program is subject to State audit, this form should remain in the District files.**

For more information, feel free to contact the Assistant Superintendent's Office at 412-492-6319.