

FAIRFIELD AREA SCHOOL DISTRICT  
ADMINISTRATIVE PROCEDURES

HOMEBOUND INSTRUCTION

5180

**HOMEBOUND INSTRUCTION REQUEST**  
(To be completed by parent/guardian)

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I understand the Board will provide individual instruction when the instructor's presence in the place of a student's confinement does not present a hazard to the health of the teacher, when a parent or other adult in authority is at home with the student during the hours of instruction, and when the condition of the student is such as to benefit from such instruction.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

**MEDICAL VERIFICATION STATUS**  
(To be completed by physician)

What is your diagnosis of student's condition? \_\_\_\_\_

Does current condition necessitate absence from school? \_\_\_ Yes \_\_\_ No

If yes, is student physically able to receive instruction in his/her home? \_\_\_ Yes \_\_\_ No

If yes, how long do you estimate student will be absent from school? \_\_\_\_\_

Indicate any restrictions or limitations (such as infectious or contagious status of illness) concerning the student's condition of which the teacher in the home should be aware:

\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

**Completed form is to be returned to Building Principal**