

PALISADES SCHOOL DISTRICT

39 Thomas Free Drive
Kintnersville, PA 18930

REQUEST FOR HOMEBOUND INSTRUCTION

Name of Student _____

Address of Student _____

Parent(s)/Guardian(s) Name _____

Phone No.-Home _____ Business _____

Email address _____

School Attending _____ Grade _____

Student's Date of Birth _____

Signature of Parent/Guardian

Date

DOCTOR'S REQUEST MUST BE ATTACHED

FOR OFFICE USE ONLY

Name of Homebound Teacher _____

Address of Homebound Teacher _____

Certified in PA? _____ Type of Certificate Held _____

Name of Homebound Teacher _____

Address of Homebound Teacher _____

Certified in PA? _____ Type of Certificate Held _____

Signature of Approved Counselor

Date

Signature of Approved Principal

Date

Copies to: Homebound Secretary, District Office, Student's Counselor, Director of Pupil Services