

PALISADES SCHOOL DISTRICT

39 Thomas Free Drive
Kintnersville, PA 18930

DOCTOR'S CERTIFICATION FOR HOMEBOUND INSTRUCTION

Date Physician Initiated _____

Name of Student _____

Parent(s)/Guardian(s) _____

Address _____

Phone No. _____ Email Address _____

1. Description of Disability and brief explanation why student is requiring Homebound _____

2. Anticipated date Homebound can begin (Start Date) _____
3. Anticipated length of need (End Date) _____
4. What is the maximum number of hours of instruction the child can tolerate per day? _____
5. List other specific instructions which must be followed to effect normal recovery from disabling condition _____

Name of Physician _____

Address _____

Phone No. _____

Certifying Physician's Signature

Date

*Special note regarding pregnant students:

"Pregnancy in itself is NOT a reason for excusal from compulsory school attendance. A mental or physical condition that is certified by a physician may allow for a student to be assigned to an alternate educational program such as online learning through Palisades Cyber program, adjusted length of school day, alternative school, etc. Homebound Instruction is only to be provided when the individual's mental or medical condition necessitates such, and must be certified by a licensed physician."

Palisades Administrative Regulation #234

9/26/2016