Christ the Teacher Catholic Schools

REQUEST FOR HOMEBOUND/HOSPITAL INSTRUCTION

Instructions: The front portion of this form must be completed and returned to the principal of the school where the student is enrolled before any consideration for homebound instruction can be given.

Student:		
Surname	First	Middle
Date of Birth:		
Grade: Male	Female	
Parent(s)/Guardian(s)		
Address:		
Application is hereby made for Homebowho is a student of the Christ the Teacher	•	n for the above named student
Homebound/Hospital Instruction is design and/or emotionally incapable of attending medical condition leads to frequent but in anticipated absence can be for a full or par and is designed to help the students may confined to home, hospital or other conconsidered an alternative service to be prestudent cannot attend school.	g school for a period of ntermittent absence as di rtial day. It is available mintain educational pro nvalescent center. Hom	of 14 days or more, or when a documented by a physician. The to students as the need develops gress during the time they are nebound/Hospital Instruction is
Before a student may be considered opportunities, a parent/guardian written statement from the student's physician mu	request for instruction	
All requests for homebound instruction ar principal of the school where the student shall be provided in accordance with legal	is enrolled. All homebe	ound instructional opportunities
Parent/Guardian Signature		Date
Director of Education (Authorization S	ignature)	Date

NOTE: A completed physician statement must be on file before the request shall be processed.