



**PENN-HARRIS-MADISON SCHOOL CORPORATION
OFFICE OF THE LEARNING DIVISION**



REQUEST FOR HOMEBOUND INSTRUCTION

Student Name _____ Birth date _____ Sex _____
 Address _____
 Parent or guardian _____ Phone _____
 Referring school _____ Grade level _____

HOMEBOUND ELIGIBILITY – TO BE COMPLETED BY A PHYSICIAN

The homebound program provides instruction to children unable to attend school because of illness or injury. Homebound teaching shall be initiated only after all other possibilities have been exhausted. Before a student may receive homebound instruction, a physician must evaluate the student and state in writing that the student has an illness or injury that requires **as part of the student's medical treatment** either (please mark one of the following):

- That this student will be unable to attend school for at least twenty (20) consecutive instructional days.
- That this student has a chronic illness or other medical condition that will require the student's absence from school for an aggregate of at least twenty (20) instructional days over the period of the school year.
- That this student's illness or injury occurs less than twenty (20) instructional days prior to the end of the school year and the student needs instruction to meet promotion or graduation requirements.

What medical condition or diagnosis prevents the student from attending school?

Expected duration of inability to attend school: _____

The student will be able to travel to a public location, such as the local library, for instruction. Yes No

This application is to be signed by a medical doctor with an unlimited license to practice medicine.

Doctor's name (typed)	Doctor's signature
Address	City / State / Zip code
Telephone	Date

Return this form to: Dr. Kay Antonelli, Assistant Superintendent for Instruction
 55900 Bittersweet Road, Mishawaka, Indiana 46545
 Phone 574-258-9577; Fax 574-258-9547