

WATTSBURG AREA SCHOOL DISTRICT
APPLICATION FOR HOMEBOUND INSTRUCTION

School: _____ Name of Student: _____

Gender: Male Female Grade: Age: Date of Birth: _____

Name of Parent/Guardian: _____ Telephone: _____

Address: _____

Nature of Illness/Injury: _____

ATTACH PHYSICIAN'S ORDER/PERScription

Courses Needed:	Home/Vocational School Teacher:

Principal's Signature

Date

FOR CENTRAL OFFICE USE ONLY

Start Date for Tutoring:

Ending Date for Tutoring

Name of Tutor Assigned:

Telephone #:

Tutor's Address:

APPROVED SUBJECTS

_____	_____
_____	_____
_____	_____

WATTSBURG AREA SCHOOL DISTRICT
PHYSICIAN'S INFORMATION

Attending Physician: _____

Nature of Illness/Injury: _____

Estimated Time of Treatment/Convalescence which requires Home Instruction: _____

Signature of Physician

Date

*NOTE: A physician's order or prescription from the physician indicating diagnosis and duration of illness **must** accompany this form.*