



10782 Wattsburg Road
 Erie, PA 16509
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 www.wattsburg.org

APPLICATION FOR HOMEBOUND INSTRUCTION

School: _____	Name of Student: _____
Gender: M F 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
Special Education Director Signature	Date
Assistant to the Superintendent's Signature	Date

<i>FOR CENTRAL OFFICE USE ONLY</i>		
Start Date for Tutoring: _____	End Date for Tutoring: _____	
Name of Tutor Assigned: _____	Telephone No.: _____	
Tutor's Address: _____ _____		
APPROVED SUBJECTS		
_____	_____	_____
_____	_____	_____

WATTSBURG AREA SCHOOL DISTRICT
APPLICATION FOR HOMEBOUND INSTRUCTION
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.*