

CONNEAUT SCHOOL DISTRICT  
REQUEST FOR HOMBOUND INSTRUCTION

School Year 2\_\_\_\_ - 2\_\_\_\_

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

**Does this Student have an IEP: Yes or No**

Date Confined: \_\_\_\_\_ Dated Expected Return: \_\_\_\_\_

Handicapping Condition: \_\_\_\_\_

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**PARENT OR GUARDIAN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Attendance Area (or district of residence) \_\_\_\_\_

**TEACHER** (List additional teachers and information on reverse if necessary)

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Certification: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

**Attending Physician:** \_\_\_\_\_

Name and Address: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINCIPAL**

Recommended: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERINTENDENT** (Original must be sent to the Administration Office)

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This Section to be completed by Superintendent's Office**

Copy to:

Payroll \_\_\_\_\_ Child Count Office \_\_\_\_\_ Special Education \_\_\_\_\_

Building \_\_\_\_\_ Superintendent \_\_\_\_\_

Revised: September 29, 2014 Superintendent's Office