

SOUTH BUTLER COUNTY SCHOOL DISTRICT

Knoch High School
345 Knoch Road, Saxonburg, PA 16056
724-352-1700

RECOMMENDATION FOR HOMEBOUND INSTRUCTION

(To be Completed by Parents)

Name of Student _____ Age _____

School _____ Grade _____

Name of Parent/Guardian _____

Address _____

Telephone Number _____

(To be Completed by Physician)

I find the above student to have the following disability:

Diagnosis _____
(Please Print)

Why is confinement necessary? _____

Prognosis _____

Is the child free of contagion? Yes _____ No _____

Is the child able to attend half-day sessions? Yes _____ No _____

DATE homebound instruction should BEGIN _____
(month, day, year)

DATE homebound instruction should END _____
(month, day, year)

Any Special Instructions to the Teacher _____

Date _____ Physician _____
(please print)

Signature _____

M.D./D.O.

Building Administrator's Signature _____