

**DURANGO SCHOOL DISTRICT 9-R**

**APPLICATION FOR  
HOMEBOUND INSTRUCTION**

**School year 20\_\_\_/\_\_\_**

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature

Parent or guardian must sign this form indicating approval of home or hospital teaching and return it to the Student Support Services Office, 201 East 12<sup>th</sup> Street, Durango, CO 81301

**STATEMENT OF PHYSICIAN**

Diagnosis: \_\_\_\_\_

Probable length of time child will be unable to attend school? \_\_\_\_\_

Should hours of instruction per week be limited? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many hours? \_\_\_\_\_

Should P.E. be adapted to fit needs of student? Yes \_\_\_\_\_ No \_\_\_\_\_

Home to school equipment recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

**FOR OFFICE USE ONLY**

Date Homebound instruction began: \_\_\_\_\_

Teacher assigned to student: \_\_\_\_\_

Approved By: \_\_\_\_\_

\_\_\_\_\_  
Signature

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