

TURKEYFOOT VALLEY AREA SCHOOL DISTRICT  
ADMINISTRATIVE OFFICES

\_\_\_\_\_  
Date of Application

**APPLICATION FOR HOMEBOUND INSTRUCTION**

The Pennsylvania Department of Education's application for approval of Homebound Instruction (PISE-8) will be filled out in this office. All necessary data are contained on this form.

This is an application for Homebound Instruction for \_\_\_\_\_ who is physically handicapped.  
(Name of Child)

Date of Birth \_\_\_/\_\_\_/\_\_\_ Teacher: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
(Name & Address)

**PHYSICIAN'S STATEMENT REGARDING THE HOMEBOUND HANDICAPPED CHILD**

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child physically unable to attend his regular public school? \_\_\_\_\_

Is the child physically able to carry a homebound instructional program? \_\_\_\_\_

Approximate number of weeks the child will be homebound: \_\_\_\_\_

Do you recommend: Sitting \_\_\_ Lying \_\_\_ Writing \_\_\_ Special \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
(Physician's Name - Please Print)

\_\_\_\_\_  
(Signature of Physician)

Name of Teacher: \_\_\_\_\_ Hours per week available: \_\_\_\_\_

Kinds of Certification: \_\_\_\_\_ Number of weeks available: \_\_\_\_\_

Approval by Superintendent:

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

In the event that the student for whom this Application is made, and/or anyone acting on his/her behalf, makes any fraudulent misrepresentation(s) on this Application, including but not limited to forgery of the Physician's Statement or signature, the District is authorized by law to bring an action based on fraud against such individual(s) for recovery of the cost of homebound instruction.

