

LOYALSOCK TOWNSHIP SCHOOL DISTRICT REQUEST FOR HOMEBOUND INSTRUCTION



GENERAL INFORMATI	ON						
Name of Student:		Date of Birth:	Student's	Student's Grade Level:		Classroom Teacher (Schick Only):	
School:	Fax Numbers:	Printed Name of Per	Printed Name of Person Requesting Homebound Instruction:				
Schick Elementary	570-326-1498	Signature of Person I	Signature of Person Requesting Homebound: Phone Number:				
☐ LTMS ☐ LTHS	570-322-3952 570-323-5303		orginature of refson requesting fromebound.			Thore rumber.	
CERTIFICATION BY PH							
Diagnosis: Date of Onset:					t:	Probable Duration:	
- Diagnosis.				7105000 2 4444011			
In my opinion, the student named above is able to receive instruction in the home for						-	
Physician's Printed Nam		Physician's Ph			mber:		
Signature of Attending I	Physician:		Date of Signatu				
Please return/fax this form to the school indicated above							
SELECTED TEACHERS							
Date Received:	The Loyalsock Township School District of Lycoming County herewith requests Homebound instruction for the above named student for hours per week beginning, 20 and ending, 20 school year.						
The teachers selected an	d the hours they will sen	rve are as follows:		•			
Name of Teacher		Subject Area /	Subject Area / Course		Hours per Week		
CERTIFICATION BY SC	HOOL OFFICIALS – OF	FICE USE ONLY					
Signature of School Counselor:					Date:		
Signature of School Administrator:					Date:		
Signature of Superintendent:					Date:		