

Lewiston-Porter Central School District
Application for Homebound Instruction

8450F1

Student Name: _____
(Last, First)

School: _____

Grade: _____

Address: _____

Date of Birth: _____

Phone: _____

Requested By: _____
(Print Name: Last, First) (Signature)

Date: _____

Relationship to Student: _____

Reason for Request: _____ Medical _____ Mental Health

Student has an _____ IEP _____ 504

Report of Medical Examination

This is to certify that a healthcare practitioner has examined the above named student and has determined that they have an illness, physical incapacity, or mental health issues which requires that this student remain out of school for at least two or more weeks.

Diagnosis: _____ Date of Onset: _____

Recommended starting date of homebound Instruction: _____

Estimated termination date of homebound Instruction: _____

Instruction to be held at: Home: _____ or Hospital: _____
(name of hospital)

Mental Health/Health Care Practitioner's Name _____

Mental Health/Health Care Practitioner's Address/Phone _____

Mental Health/Health Care Practitioner's Signature _____ Date _____

****Please ensure to attach medical documentation****

In the case of a mental health diagnosis the form must be signed by a mental health professional.

Please return form to the building school nurse.

High School Nurse: 716-286-7269, 716-286-7853(fax)

Middle School Nurse: 716-286-7205, 716-286-7267(fax)

Intermediate Education Center School Nurse: 716-286-7284, 716-286-7854(fax)

Primary Education Center School Nurse: 716-286-7225, 716-286-7855(fax)

For Office Use Only

Approved: _____
(Building Principal/Designee)

Date: _____

Approved: _____
(Superintendent/Designee)

Date: _____