

Lewiston-Porter Central School District
Application for Homebound Instruction/100% Remote Learners

Student Name: _____

(Last, First)

School: _____

Grade: _____

Address: _____

Date of Birth: _____

Phone: _____

Requested By: _____

Date: _____

(Print Name: Last, First)

(Signature)

Relationship to Student: _____

Reason for Request: _____ Medical

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 or physical incapacity 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/ 100% Remote Learner: _____

Estimated termination date of homebound Instruction/ 100% Remote Learner: _____

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

Health Care Practitioner's Name _____

Health Care Practitioner's Address/Phone _____

Health Care Practitioner's Signature _____ Date _____

****Please ensure to attach medical script****

Please return form to Rhonda Shiah at rshiah@lew-port.com or fax to the District Office at 716.286.7859

For Office Use Only

Approved: _____
(Building Principal/Designee)

Date: _____

Approved: _____
(Superintendent/Designee)

Date: _____