

Lewiston-Porter Central School District  
Application for Homebound Instruction

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

**Report of Medical Examination**

*(Please complete this section if request is for medical reasons)*

This is to certify that a healthcare practitioner has examined the above named student and has determined that she/he has an illness or physical incapacity which requires that this child 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)

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 the building school nurse.

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

Middle School Nurse: 286-7205, 286-7204(fax)

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

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

For Office Use only

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Building Principal/Designee)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent/Designee)