

**APPLICATION FOR HOMEBOUND      IGBG-E**  
**TEACHING – CCSD#2**

**Part A – To be completed by School Principal**

Student's name \_\_\_\_\_

Student's school \_\_\_\_\_

Grade \_\_\_\_\_

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**Part B – To be completed by Physician(s)**

The above named student, \_\_\_\_\_ is under my (our)  
care and requires hospital/homebound instruction due to  
\_\_\_\_\_.

The approximate length of time homebound instruction is needed  
\_\_\_\_\_.

What restrictions might affect homebound instruction  
\_\_\_\_\_?

Physician Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Physician signature)

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Note: Building Principal must submit to the Central Office a payroll authorization form  
for tutor to be hired (Policy GCE).

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Copy to – Superintendent