

West Carrollton School District Application for Home Instruction

It is the policy of the West Carrollton Board of Education to provide homebound instruction to those students who are unable to attend classes because of accident, illness or disability.

Documentation of the students condition must be provided by a physician licensed to practice in the State of Ohio. The documentation must state the nature of the condition and the probable duration of confinement.

You may apply for home instruction for your student when absences are expected to be at least ten (10) consecutive school days. Please note that your student will only receive one (1) hour of tutoring per each day of school missed.

Student's Name: _____ ID# _____

School: _____ Date Last Attended _____ Grade: _____

Address: _____

Reason for requesting Home Instruction:

Parent/Guardian Name: _____

Phone Numbers: _____

The school district nurse has my permission to contact the physician treating my student for the above stated condition to obtain medical information or for clarification as needed.

Parent/Guardian Signature: _____ Date: _____

I understand the West Carrollton School District has offered Home Instruction to my student. As a parent/guardian of the student listed above, I choose to decline at this time.

Parent/Guardian Signature: _____ Date: _____