

Peters Township School District

End of Homebound Instruction Verification Documentation

To Be Completed by Parent/Homebound Instructor:

Instructor's Name:

Student's Name:

School:

Grade:

Homebound Instruction began on:

Homebound Instruction hours/week:

Homebound Instruction ended on:

Additional Notes:

Signature: _____

Date: _____

I certify that the above information is correct and that my child received the above-noted homebound instruction.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____