PETERS TOWNSHIP SCHOOL DISTRICT
REQUEST FOR HOMEBOUND INSTRUCTION

TO BE COMPLETED BY THE PRINCIPAL ELECTRONICALLY:

Student's Name (first last): _____

School: _____ Grade: _____ HR: _____ Special Ed Student ____Yes ____ No

Date of Birth: _____ Age: ☐ Male ☐Female

Homebound Instruction will begin: Homebound will end:
(Date) (Date)
Total hours per week (not to exceed 5 hours):

Parent has signed a release of information (see attached) ☐ Yes ☐No

Homebound Instructor's Name:

The school nurse has reviewed the relevant information, and, if necessary, has communicated with the

student's physician:_____ Signature of Nurse

_____ Signature of Principal

_____ PLEASE CHECK IF A STUDENT WITH SPECIAL NEEDS- Copy to Special Ed Department

---

BOTTOM SECTION MUST BE COMPLETED BY ATTENDING PHYSICIAN:

Identification of Disability (Must have a number - see reverse side) _____

Homebound Instruction Recommended: Yes_____ No_____

Homebound Instruction will be required for: (check one)
____ (1 week- 3 weeks)
____ (1 month)
____ (2 months)
____ (3 months)

AFTER THE INITIAL 3 MONTHS OF HOMEBOUND A NEW DOCTOR'S SCRIPT IS REQUIRED AND DAO WILL SUBMIT TO PDE, FOR APPROVAL. ATTACH COMPLETED PDE FORM TO THIS FORM.

Maximum number of hours recommended per week _____
(May not exceed 5 hours per week)
**If homebound instruction is less than 5hrs. per week, please get parental approval in writing.*

Condition under which instruction may occur: Sitting____ Lying____ Other____

Special Instructions:_____

_____

_____ _____/_____
Date Signature of Physician / Print Physician's Name

Address of Physician:_____

_____ **Telephone:_____**

PETERS TOWNSHIP SCHOOL DISTRICT
HOMEBOUND INSTRUCTION APPLICATION

Approved: _____Yes_____No _____ _____
Assistant to the Superintendent of Curr. Inst. And Assessment Signature — Date

Request/Approval for Extension of Homebound Instruction

(after initial three month period) PDE-4675CS (11/08)

School Name	County Name	School Year	AUN
Contact Person	**Telephone Number – Ext.**	**Fax Number**	

The State Board of Education Regulations, Chapter 11, §11.25 state that a school district, area vocational–technical school or **charter school** may excuse a student from attendance on a temporary basis. The regulations state a local education agency (LEA) is to adopt rules and procedures governing temporary excusals that may be granted by principals and teachers under this section. Temporary excusals may not exceed three months.

Complete this form to request approval for a student to receive an extension of homebound instruction after the initial three-calendar-month period. If the need for homebound instruction continues, make a copy of the original request/approval form and complete the additional information.

Student Name:	**Grade:**	Was this student on homebound instruction earlier in this current school year? _____ Yes _____ No Was this student on homebound instruction last school year? _____ Yes _____ No Does this student have an IEP? _____ Yes _____ No

Medical condition necessitating an extension of homebound instruction:

A request for homebound instruction signed by an appropriate licensed practitioner of the healing arts or other satisfactory evidence showing the child unable to attend school must be in charter school files for audit purposes. The request must include the medical condition necessitating homebound instruction. In order to continue homebound instruction after each three-month period, a **new** physician's statement must be in charter school files.

1st Request for Extension

Initial Start Date: _____

Extension Date: _____

Anticipated Ending Date: _____

Date of Physician's Statement: _____

_____ Signature of Charter School Representative _____ Date

FOR PDE USE ONLY

☐ Approved ☐ Disapproved

_____ Signature of PDE Representative _____ Date

2nd Request for Extension

Extension Date: _____

Anticipated Ending Date: _____

Date of Physician's Statement: _____

_____ Signature of Charter School Representative _____ Date

FOR PDE USE ONLY

☐ Approved ☐ Disapproved

_____ Signature of PDE Representative _____ Date

3rd Request for Extension

Extension Date: _____

Anticipated Ending Date: _____

Date of Physician's Statement: _____

_____ Signature of Charter School Representative _____ Date

FOR PDE USE ONLY

☐ Approved ☐ Disapproved

_____ Signature of PDE Representative _____ Date

Return to: Pennsylvania Department of Education
Bureau of Budget and Fiscal Management
Division of Subsidy Data and Administration
333 Market Street

Harrisburg, PA 17126-0333

FORM COMPLETION INSTRUCTIONS
PDE-4675CS "Request/Approval for Extension of Homebound Instruction"
(after initial three month period)

A. Complete the PDE-4675CS form in ink or by typewriter.
NOTE: Complete this form to request approval for a student to receive an extension of homebound instruction after the initial three-calendar-month period.

B. **Complete header information:** Charter School Name, County Name, School Year, AUN (Administrative Unit Number *9-digit code*), Contact Person, Telephone Number and Extension, and Fax Number.

C. **Complete student information:**

1. **Student Name:** Report the name of the student for whom the charter school is requesting approval for continuation of homebound instruction.
2. **Grade:** Report the grade level at which the student is currently studying.
3. **Yes/No Box:** Indicate responses to the questions by checking either 'Yes' or 'No' in the appropriate spaces.
4. **Medical condition necessitating an extension of homebound instruction:** Report in the appropriate box the medical condition necessitating an extension of homebound instruction.

NOTE: A request for homebound instruction signed by an appropriate licensed practitioner of the healing arts or other satisfactory evidence showing the child unable to attend school must be in charter school files for audit purposes. The request must include the medical condition necessitating homebound instruction. In order to continue homebound instruction after each three-month period, a **new** physician's statement must be in charter school files.

D. **Request boxes:**

1. **1st Request for Extension box:**
   a) Enter the date the student initially began receiving homebound instruction on the 'Initial Start Date' line.

NOTE: A PDE approval is not required in order to provide homebound instruction for five hours or less for the initial three-month period. The charter school should have an initial 'Physician's Statement' on file stating the medical condition necessitating homebound instruction. Documentation of hours of homebound instruction provided must also be in charter school files for audit purposes during this initial period.

   b) Enter the 'Extension Date' on the next line. (It should be approximately three months after the initial start date reported.)
   c) Enter the 'Anticipated Ending Date' that was reported by the physician on the **new** physician's statement submitted to the charter school.
   d) Enter the date the physician completed the **new** physician's statement on the 'Date of Physician's Statement' line.
   e) Be sure that an appropriate charter school representative signs and dates this request on the appropriate lines.
   f) Return the completed PDE-4675CS to the address provided at the bottom of the form.

2. **2nd Request for Extension box:**
   If the need for homebound instruction continues, complete the information on the appropriate lines **on the original** PDE-4675CS for this student. Return the **original** PDE-4675CS to the address provided at the bottom of the form.
   NOTE: A **new** physician's statement must be in charter school files.

3. **3rd Request for Extension box:**
   If the need for homebound instruction continues, follow procedures in step 2 above.
   NOTE: A **new** physician's statement must be in charter school files.

Questions concerning completion of the PDE-4675CS should be directed to Kathy Tendler, Division of Subsidy Data and Administration, Bureau of Budget and Fiscal Management, at (717) 787-5423 or at **ktendler@state.pa.us**.

HANDICAP NUMBER – SELECT THE REPRESENTATIVE NUMBER FROM THE FOLLOWING LISTING:

4212.21	AMPUTATION	4212.46	KIDNEY CONDITION
4212.22	ANEMIA	4212.47	LEUKEMIA
4212.23	APPENDICITIS	4212.48	MONONUCLEOSIS
4212.24	ARTHRITIS	4212.49	MUSCULAR ATROPHY
4212.25	BONE FRACTURE	4212.50	MUSCULAR DYSTROPHY
4212.26	BRAIN INJURY	4212.51	NEPHRITIS
4212.27	BRAIN TUMOR	4212.52	NEPHROSIS
4212.28	BURNS	4212.53	OSTEOMYELITIS
4212.29	CARDIAC	4212.54	PARALYSIS
4212.30	CEREBRAL PALSY	4212.55	PERTHES' DISEASE
4212.31	CHOREA	4212.56	RESPIRATORY INFECTION
4212.32	COLITIS	4212.57	RHEUMATIC FEVER
4212.33	CONVULSIVE DISORDER	4212.58	RHEUMATIC HEART
4212.34	CRIPPLED	4212.59	SCOLIOSIS
4212.35	CYCTIC FIBROSIS	4212.60	******
4212.36	DETENTION	4212.61	SPEECH CORRECTION
4212.37	DIABETES	4212.62	SPINA BIFIDA
4212.38	EMOTIONALLY DISTURBED	4212.63	SPINAL INJURY
4212.39	EPILEPSY	4212.64	SPRAINS, STRAINS, DISLOCATINS, JOINT DISORDERS
4212.40	EYE INJURY	4212.65	SURGERY
4212.41	******	4212.66	TUBERCULOSIS
4212.42	HEMOPHILIA	4212.67	ULCER
4212.43	HEPATITIS	4212.68	******
4212.44	HYDROCEPHALUS	4212.69	MISCELLANEOUS CAUSE
4212.45	INFECTION		