

# Forest City Regional School District

## Homebound Instruction Report

Instructor Name: \_\_\_\_\_ Account Code: G02/G04

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homebound instruction is limited to five (5) hours per week in the following areas: English, Social Studies, Math and Science.  
A doctor's excuse for the student must be on file before homebound instruction begins.

Date	Location of Instruction <i>Residence</i> _____ <i>Hospital</i> _____	Subject(s)	Time Start	Time End	# of Hours
	<i>Residence</i> _____ <i>Hospital</i> _____				
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	<i>Residence</i> _____ <i>Hospital</i> _____				
	<i>Residence</i> _____ <i>Hospital</i> _____				
<b>Total</b>					

**Signature of Employee**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Parent**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approval of Principal and Superintendent**

Principal  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Board Approved Date: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Doctor's Excuse on File: \_\_\_\_\_

Pay Rate: \_\_\_\_\_