

IROQUOIS SCHOOL DISTRICT

APPLICATION FOR HOMEBOUND INSTRUCTION TUTORING SERVICES

Student Name: _____ School: _____

Grade Level: _____ Gender: _____ Age: _____ Date of Birth: _____

Parent/Guardian: _____ Phone Number: _____

Address: _____ City/State/Zip: _____

Nature of Illness/Injury: _____

Attending Physician: _____ Phone Number: _____

Time Period Needing Homebound Instruction: _____

PHYSICIAN'S ORDER MUST BE ATTACHED.

Courses Needed: _____	Teacher: _____
_____	Teacher: _____
_____	Teacher: _____
_____	Teacher: _____
_____	Teacher: _____
_____	Teacher: _____
_____	Teacher: _____

Tutor assigned to student: _____

Start Date for Tutoring: _____ End Date for Tutoring: _____

Is this student receiving Special Education services? _____

Principal's Approval

Date

FOR DISTRICT OFFICE USE ONLY

Board Approved on: _____

For a period of _____