

**WINSLOW TOWNSHIP SCHOOL DISTRICT
STUDENT SUPPORT SERVICES
APPLICATION FOR HOMEBOUND INSTRUCTION**

<input type="checkbox"/> Regular
<input type="checkbox"/> CST

Date: _____

SECTION I:

Student's Name: _____
(Last) (First) (Middle Initial)

School: _____ Grade _____ ID# _____ DOB: _____

Parent / Guardian: Mr. / Mrs. _____ # (_____) _____

Address: _____
(Street) (City) (State / Zip Code)

SECTION II: Reason for Request

Disciplinary – Infraction: _____

CST- Program Placement Pending/ Request – (attach rationale)
Case Manager's Signature: _____

Has this child been approved previously for Home Instruction? YES: _____ NO: _____
When? _____ Total days of home instruction to date? _____

Please indicate areas of instruction and list specific courses.

Math _____ Language Arts / English _____

Science _____ Social Studies / History _____

Start Date: _____ **End Date:** _____

SECTION III: Administrative Approval

Administrator's Signature: _____ Date _____

Superintendent's / Designee's Signature: _____ Date _____