
**Pendleton County Schools
Application for Home Instruction**

Date: _____ Referred _____ By: _____

Name of Child _____ Sex: _____ Birth
Date: _____
(First Middle Last)

Address: _____
County: _____
(Physical and Mailing)

City: _____ State: _____ Zip: _____

School: _____

Grade: _____

Directions _____ to _____ Home: _____

Physician's Report (Please Print or Type)

1. Diagnosis: (Specific reason why student must remain out of school) _____

2. Criteria conditions under which the student can return to school: _____

3. Expected date of return to school _____

4. Is this child able to receive instruction for at least two (2) hours a session?

Physicians Name: _____

Physicians

Signature:

Date: _____

The Assistant Superintendent may request that parents obtain a second opinion at the expense of the county.

Please return this form to: Charles F. Hedrick
Assistant Superintendent
Pendleton County Schools
PO Box 888
Franklin, WV 26807