

Pendleton County Schools
Application For Home Instruction

Date: _____ Referred By: _____

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

Address: _____ County: _____
(Street or Post Office Box)

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? _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

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

Please return this form to: Donald B. Bucher
Assistant Superintendent Personnel and Student Services
Pendleton County Schools
P. O. Box 888
Franklin WV 26807