

\_\_\_\_\_

**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