

APPLICATION FOR HOMEBOUND INSTRUCTION

**Please complete one copy  
and return to :**

Revere Local Schools  
Department of Student Services  
P.O. Box 340  
Bath, Ohio 44210  
Phone: 330-659-5258 Fax: 330-659-5235

**Orthopedically handicapped/  
Other Health Impaired or**  
 **Severe Behavioral Handicapped**

**PART I: STUDENT INFORMATION:** (To be completed by the School District) **(Please Print)**

NAME OF CHILD \_\_\_\_\_ COUNTY \_\_\_\_\_

PARENT(S)/GUARDIAN'S NAME(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street Address) (City & Zip) (Phone)

CHILD'S BIRTH DATE \_\_\_\_\_ SCHOOL BLDG. \_\_\_\_\_ GRADE \_\_\_\_\_

DISTRICT OF RESIDENCE \_\_\_\_\_ NEW APPLICATION \_\_\_\_\_ OR  
\_\_\_\_\_ APPLICATION FOR RENEWAL SCHOOL YEAR \_\_\_\_\_

DATE CHILD LAST ATTENDED SCHOOL \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

\_\_\_\_\_  
Summit County School Nurse

\_\_\_\_\_  
Director of Student Services

\*\*\*\*\*  
**PART II: PHYSICIAN'S REPORT** (To be completed by Attending Physician)

NAME OF CHILD \_\_\_\_\_ DATE OF MEDICAL EXAM \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

Is this child's handicap serious enough to prevent him/her from attending school? \_\_\_\_\_

Specify Reason: \_\_\_\_\_

Probable period of disability \_\_\_\_\_

**Note: The Division of Special Education  
will reimburse the local School district  
for Home Instruction at an approved  
hourly rate of one-half the actual cost.**

\_\_\_\_\_  
Attending Physician's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Phone