

**IMPORTANT NOTICE TO PARENTS/GUARDIANS AND RECOMMENDING  
MEDICAL DOCTORS REGARDING REQUESTS FOR HOMEBOUND INSTRUCTION  
(TEMPORARY EXCUSE FROM SCHOOL)**

In Pennsylvania, all children age eight (8) through seventeen (17) are legally required to attend school. Pursuant to School Code Section 13-1329, a student may be temporarily excused from school if they are prevented from attending for “any mental, physical or other urgent reasons”. The School Code states “the term ‘urgent reasons’ shall be strictly construed and shall not permit irregular attendance.” Under state regulation, 22 Pa Code § 11.34(a) (excusals from attendance for other than temporary reasons), school districts may allow their own physicians and school psychologists to approve such requests. The regulations state:

“A school district may excuse a school age child from compulsory school attendance upon recommendation of the school physician and a psychiatrist or public school psychologist, or both, with the approval of the Secretary. The excusal, which shall be re-evaluated every three (3) months, may be extended upon the recommendation of the school physician and with the approval of the Secretary. Children so excused shall be entered on the inactive roll.”

It is the policy of the Hanover Area School District to accept valid recommendations of private, treating physicians where such recommendations confirm the existence of a condition that prevents a child from attending and benefiting from school. While recommendations must be re-evaluated every three (3) months, it shall be the policy of the Hanover Area School District to request re-evaluation or renewal of homebound excuses no less than every sixty (60) calendar days.

If the school district has any questions, concerns, or needs additional information about a recommendation, it may seek HIPPA-compliant parental consent for the verbal or written exchange of educationally relevant information with a treating physician. It is helpful for a doctor’s office to also obtain parental consent to permit verbal exchange of needed information. Only educationally relevant information should be shared.

It is important for a recommending physician to know if a student is identified as eligible for special education programming. It is not appropriate to excuse a child from school if presenting problems can be addressed through the modification of the student’s school program to accommodate the illness or disability or through special education programming. To this end, it is essential that treating physicians, psychiatrists, counselors, parents/guardians and the school district communicate openly about a child’s needs. If the Hanover Area School District receives a request for a homebound excuse for a child who may have a disability, it may seek parental consent to receive written or verbal recommendations from outside providers. Any educationally relevant written recommendations provided by an outside provider will be reviewed by the school district; such input is greatly appreciated.

**Only original forms with original signatures will be accepted.** Thank you in advance for your cooperation. Please contact the Director of Pupil Services at 570-831-2301 if you have questions regarding this notice.

**REQUEST FOR TEMPORARY EXCUSE FROM SCHOOL FOR HOMEBOUND  
INSTRUCTION**

SEND TO: Hanover Area School District Director of Pupil Services, 1600 Sans Souci Parkway, Hanover Township, PA 18706  
FAX: 570-831-2332

**PARENT/GUARDIAN AND RECOMMENDING PHYSICIAN PLEASE READ CAREFULLY**

I hereby apply for a temporary excuse from school for my son/daughter who is now unable to attend school due to urgent physical or mental reasons. My child has been absent (or is projected to be absent) from school greater than fifteen (15) school days and will not be able to return for an extended period of time.

I am fully aware that due to the nature of course content, and my child's condition, it may not be possible for a tutor to deliver or teach required course content. The assignment and choice of a tutor will be at the district's discretion.

I understand that during periods of a temporary excuse from school, the district may provide up to five (5) hours per week of one-to-one tutoring to prevent a student's regression. I understand that lack of independent work on the part of the student or noncompletion of assignments may result in the loss of credit or failure of the course or the grade.

I am aware that the school district has a policy on homebound excuses, Policy 117, and that the district may seek to obtain written or verbal educational recommendations from my child's treating physician.

\_\_\_\_\_/\_\_\_\_\_  
(Student's Name – Please Print)                      (Date of Birth)                      Grade / Building

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Name of Parent/Guardian)                      (Telephone Number)                      (Date of Request)

Special Education student?     Yes     No

Has your child been on homebound before?     Yes     No

If yes, when and how long? \_\_\_\_\_

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**PHYSICIAN'S/PSYCHIATRIST'S STATEMENT VERIFYING THE NEED FOR A  
TEMPORARY EXCUSE FROM SCHOOL**

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

Description of urgent mental or physical condition: \_\_\_\_\_

Basis for determination (ex., office visit, physical exam, blood test, etc.): \_\_\_\_\_

Medical needs/restrictions during homebound instruction: \_\_\_\_\_

**THE FOLLOWING STATEMENT MUST BE WRITTEN ON A SIGNED PRESCRIPTION PAPER CONTAINING THE PHYSICIAN'S ID NUMBER AND ATTACHED TO THIS FORM:**

I verify that this child is unable to or should not attend any part of the school day for the following reason(s):

**\*\*\*If this request is for psychiatric reasons, please attach a treatment plan and a timeline for re-entry into school.**

Homebound should begin on: \_\_\_\_\_ (Date) Expected duration: \_\_\_\_\_ (Date)

**NOTE: The district requires a reassessment of the student's condition after sixty (60) calendar days.**

Physician's/Psychiatrist's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print Clearly)

Telephone Number: \_\_\_\_\_ Address: \_\_\_\_\_

**HANOVER AREA SCHOOL DISTRICT OFFICE USE ONLY**

This **confidential** form should be routed to the following three (3) departments for review.

<b>Nurse**</b>	<b>Guidance**</b>	<b>Principal**</b>
_____ Name	_____ Name	_____ Name
_____ Date	_____ Date	_____ Date

\*\*Last person to receive and sign shall send this form to the Pupil Services Office.

The Request For Temporary Excuse From School has been: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

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

The student: \_\_\_\_\_ shall \_\_\_\_\_ shall not receive tutoring during the temporary excusal from school.

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Signature of Director of Pupil Services)

\_\_\_\_\_  
(Date) \_\_\_\_\_  
(Signature of Superintendent)

**REVIEWED BY DISTRICT PHYSICIAN? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**APPROVED BY DISTRICT PHYSICIAN? \_\_\_\_\_ YES \_\_\_\_\_ NO**

Copy to: \_\_\_\_\_ Nurse \_\_\_\_\_ Principal \_\_\_\_\_ Guidance