

CARLYNTON SCHOOL DISTRICT

435 Kings Highway
Carnegie, PA 15106
(412) 429-2500

APPROVED HOMEBOUND INSTRUCTION REPORT

COMPLETE FOR REIMBURSEMENT FOR APPROVED HOMEBOUND INSTRUCTION AND FORWARD TO THE **PUPIL SERVICES DEPARTMENT** FOR APPROVAL BY THE 10TH OF THE MONTH. BE CERTAIN PRIOR TO SUBMITTING THIS REPORT THAT STUDENT HAS BEEN APPROVED FOR HOMEBOUND INSTRUCTION.

NAME OF INSTRUCTOR	
TYPE OF CERTIFICATE HELD	
NAME OF STUDENT	
ADDRESS OF STUDENT	
BUILDING STUDENT ATTENDS	
GRADE AND AGE	
MONTH(S) DURING WHICH INSTRUCTION WAS GIVEN	

SUBJECT AREA(S)	DATE	NUMBER HOURS

TOTAL NUMBER OF HOURS ____ @\$_____ PER HOUR = \$_____

TOTAL MILEAGE TO STUDENT HOME FROM: (CIRCLE ONE) **HIGH SCHOOL** **CARNEGIE** **CRAFTON**

MILES ROUND TRIP: _____ **TOTAL MILES:** _____

INSTRUCTOR SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

DIRECTOR OF PUPIL SERVICES SIGNATURE: _____ DATE: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

SUPERINTENDENT SIGNATURE: _____ DATE: _____