

REQUEST FOR TEMPORARY EXCUSE FROM SCHOOL

SEND TO: Holly W. Sayre, Superintendent of Schools FAX: (570) 282-6988
Carbondale Area School District
101 Brooklyn Street
Carbondale, PA 18407

PARENT/GUARDIAN & 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 from school greater than ten (10) school days.

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. In this regard, the student will be required to reschedule the course(s) during the next available semester. 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, number 117, and that the school district may seek my consent to obtain written or verbal educational recommendations from my child's treating physician. *I understand that tutoring during a temporary excuse from school is a temporary instructional program and should not be considered as a replacement for special education in the least restrictive environment or attendance and instruction in the regular school setting. I understand that if my child is eligible for special education programming, such is not provided during a temporary "homebound excuse" from school.*

(Student's Name – Please Print) _____ / _____
(Date of Birth) (Grade)

(Name of Parent/Guardian) _____
(Telephone Number) (Date of Request)

(Address)

Has your child been on homebound before? ____ Yes ____ No If yes, when and how long? _____

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 tutoring: _____

FOR THE REQUEST TO BE CONSIDERED, 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 attend any part of the school day due to
(FILL IN DESCRIPTION OF CONDITION).*

Homebound should begin on: _____ Expected duration: _____
(Date) (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: _____

CARBONDALE AREA SCHOOL DISTRICT OFFICE USE ONLY

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 Superintendent)

REVIEWED BY DISTRICT PHYSICIAN? YES NO APPROVED BY DISTRICT PHYSICIAN? YES N

Carbondale Area School District

IMPORTANT NOTICE TO PARENTS/GUARDIANS AND RECOMMENDING MEDICAL DOCTORS REGARDING REQUESTS FOR 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 reevaluated every 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 Carbondale 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 Carbondale 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 HIPAA-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 Carbondale 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.

Thank you in advance for your cooperation. Please contact Mrs. Holly W. Sayre, Superintendent of Schools, at (570) 282-2507 with any questions or concerns.