

DISCIPLINARY HOMEBOUND REQUEST

Office of Pupil Services
East Stroudsburg Area School District

Student's Name _____ Home Building _____
 Grade _____ School Counselor _____
 Case Manager _____
 Special Ed. _____ Regular Ed. _____ ES Cyber Academy _____
 Start Date _____ End Date _____

Disciplinary Homebound is being recommended due to: _____

Building Administrator:

Parent/Guardian:

 Signature Date

 Signature Date

Assistant Superintendent for Pupil Services:

 Signature Date

Superintendent:

Approve _____ Disapprove _____

 Signature Date

Copy to:

- Bldg. Guidance
- Pupil Services
- Special Ed (if identified)