



WALLINGFORD SWARTHMORE  
SCHOOL DISTRICT  
200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PA 19086-6334  
(610) 892-3470 x1505 FAX (610) 892-3498

**Reimbursement for Homebound Instruction**

Student \_\_\_\_\_ DOB \_\_\_\_\_ Building \_\_\_\_\_ Grade \_\_\_\_\_

HOMEBOUND INSTRUCTOR	PARENT SIGNATURE	DATE	# OF HOURS	AMOUNT
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
				0
<b>TOTAL</b>			0	\$ -

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Instructor's Signature Date

Parent Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only:</b>		
Board Approved @\$30.00/hr: _____ <span style="display: block; text-align: center; font-size: small;">Date of Approval</span>		
Budget Code 1430 120 000 00 000 000 008	Director of Special Education	Date