

Summers County Schools
Homebound Teacher Application

Name: _____

Date: _____

Home Address: _____

Phone: _____

E-mail: _____

____ I am a current employee of Summers County Schools at _____.

____ I am a current substitute in Summers County Schools.

____ I am not a current employee of Summers County Schools.

Area(s) of Licensure: _____

Y / N Have you provided homebound instruction in Summers County Schools previously?

Y / N Do you have any scheduling issues that may affect your schedule?

If so, explain:

Y / N Do you have any health concerns that may affect your ability to provide homebound instruction?

Signature of Applicant

Date