

Kenai Peninsula Borough School District

HOMEBOUND STUDENT REPORT

Student Name _____ Date of Visit(s) _____

Address _____

City, State, Zip _____

Progress Report: _____

Teacher Name _____ Mailing Address _____

Social Security Number _____ City, State, Zip _____

Schedule of Fees (Check One):

[] \$_____ Certified rate [] \$_____ Non-certified rate

\$_____ x _____ = \$_____
rate # hours w/student

Mileage at Current GSA rate x _____ = \$ _____
number of miles

Total \$ _____

I certify that the information above is true and accurate.

Teacher Signature _____

Approval: _____

