

ANNUAL REPORT
FOR
HOMEBOUND INSTRUCTION

School Year 1999-00

Division Name: _____

Division Code: _____

Hourly Rate Paid Homebound Teacher: \$_____

**(Use Separate Page for Each
Different Rate Paid)**

NAME OF HOMEBOUND TEACHER	SOCIAL SECURITY NUMBER	NUMBER OF HOURS PAID	TOTAL PAID
SUB-TOTAL			
TOTAL			

I hereby certify that the hours reported for each of the above named teacher(s) are accurate and that back-up documentation is maintained on file. I further certify that each teacher providing homebound instruction and for whom reimbursement is being requested holds a Virginia Teaching License in full force or has been determined eligible for such by the Department of Education.

Date

Signature of Division Superintendent