APPENDIX A

REQUEST FOR HOME INSTRUCTION

Parental/Guardian Request: I request that my child be enrolled in a Home Instruction Unit.

Student Name: _____ Gender (M/F): _____

School: _____ Grade: _____

Home Address: _____

Parent/Guardian Name	Parent/Guardian Signature	Date

Medical Certificate for Home Instruction

To be completed where a child is unable to attend school due to serious illness or injury, and can still benefit from home instruction. (Any cost associated with the medical certificate is at the expense of the parent/guardian.)

I have attended this patient and find that because of *(reason for absence)* _____

_____

he/she will be confined to their home for _____ weeks.

_____
Date

_____
Doctor's Name *(Please print)*

_____
Doctor's Signature

Address: _____

_____

_____

If there is an address stamp, please place here:

OR

Documentation for Other Reasons for Home Instruction

Reason for Home Instruction: _____

Details:

Authorized By	Signature	Date

Home Instruction Program Decision

☐ **Application Approved:** No. of Hours/Weeks: _____ Teacher Assigned: _____

Program of Instruction – detailed description:

☐ **Application Denied:** Reason for Denial: _____

Principal Signature	Date

Superintendent Signature	Date

COPIES TO: School, Payroll, Parent/Guardian