



Northeastern Catholic District School Board

REQUEST FOR HOME INSTRUCTION Form A

STUDENT INFORMATION

Student Name:

Date of Birth:

School:

Grade:

Parent/Guardian Name:

Phone Number:

THE REQUEST IS MADE BY

Principal

Parent/Guardian

Medical Professional

THE REQUEST FOR HOME INSTRUCTION IS THE RESULT OF

Serious Illness

Injury

Extenuating Circumstance

Description of extenuating circumstance, if applicable

NOTE: *If the student is unable to attend school due to serious illness or injury, a medical certificate must accompany this request.*

SIGNATURES

Parent/Guardian:

Date:

Principal:

Date:

DECISION

For Board Use Only

Request Approved

Hours per week:
Details of program delivery:

Request Denied

Reason for denial

Superintendent of Education:

Date:

Copies to: Ontario Student Record (OSR)
School Principal
Parent/Guardian
Payroll

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