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| **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

Revised April 2018