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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