

NEW FORM



Catholic District School
Board of Eastern Ontario
www.cdsbeo.on.ca

CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

HOME INSTRUCTION UNIT

APPLICATION IS HEREBY MADE FOR THE ESTABLISHMENT OF HOME INSTRUCTION UNIT

Pupil's Names _____

Birth Date: _____

Address _____

Age: _____

Sex: _____

Parent/Guardian _____

School Attended: _____

Teacher's Name: _____

Qualifications: _____

Teacher's Signature

I hereby recommend that _____ be given instruction at home
because he/she is suffering from _____.

Physician's Signature

Date: _____

Principal's Signature

Date: _____

Superintendent's Signature

- Student to remain on daily register
- Home Instruction to be provided for three to five hours per week based on the circumstances as determined by the Principal in consultation with the Superintendent.