



APPENDIX A - HOME INSTRUCTION UNIT

APPLICATION IS HEREBY MADE FOR THE ESTABLISHMENT OF HOME INSTRUCTION UNIT

Pupil's Name: _____ Birth Date: _____

Address: _____ Age: _____

Parent/Guardian: _____

School Attended: _____

Teacher's Name: _____

Qualifications: _____

Teacher's Signature

I hereby recommend that _____ be given instruction at home
because they are 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.