

HOME INSTRUCTION REFERRAL FORM

This application MUST include a doctor's note indicating the medical condition and an estimated duration of Home Instruction placement.

OSIS# : _____ Date: _____

Student's Name: _____ Date of Birth: _____

Address: _____ Home District: _____ Grade _____

_____ Apt.: _____ School _____

Parent or Guardian: _____ **Email:** _____

Home Telephone: (____) _____ Work Telephone: (____) _____

Schools: Complete this section. Course Codes are only needed for HS students.

Assistant Principal: _____

Guidance Counselor: _____

Course Title

Guidance Counselor email: _____

Course Code

Indicate RCT/REGENTS to be taken (January or June): _____

Name, room number, and telephone or school official to be contacted by Home Instruction teacher:

Name: _____ Room: _____ Tel: (____) _____

Application completed by: _____ Tel: (____) _____

Special Alerts or additional information: _____

Send this completed form to the Borough Office of Home Instruction in which the student resides.

Please fill in all requested information. The accurate completion of this application will expedite placement.

All psychiatric referral must be signed by a psychiatrist.

All referrals must be sent to the Home Instruction borough office in which the student resides.