



## APPLICATION FOR HOME INSTRUCTION

Form 554A  
October 2020

CRITERIA: Home Instruction provides 3-5 hours (3 for Elementary, 3-5 for Secondary) per week of direct/ synchronous academic instruction by certified teachers for students meeting the following:

- Unable to attend school for medical reasons for a period of 15 days or more;
- The medical condition does not preclude receiving Home Instruction; and
- The medical condition does not preclude the use of a computer.

### TO BE COMPLETED BY THE SCHOOL:

Student Name: <i>(Last Name, First Name)</i>	D.O.B.: <i>(day/month/year)</i>	Gender:	Student No.:
Address:			Postal Code:
Parent's Name:	Home Phone:	Cell Number:	
Course Requested:		Grade Level:	
School Name:			School Phone Number:
School Contact:			
Signature of Principal/Designate:			Date:

### TO BE COMPLETED BY THE PARENT:

On behalf of the above-named student, I request that Home Instruction be provided and authorize  _____ to complete Section C below. <i>(Attending Physician's Name – Please Print)</i>	
Signature of Parent/Guardian:	Date:

### TO BE COMPLETED BY THE ATTENDING PHYSICIAN

This is to certify that the <i>above-named student</i> is under my care for the <b>following medical reasons:</b>	
It is my medical opinion that this student meets the <b>above criteria</b> for Home Instruction	
Expected absence from school:	to
Physician's Name:	Phone Number:
Physician's Address:	
Signature of Physician:	Date:

### TO BE COMPLETED BY THE CO-ORDINATOR: GUIDANCE & CAREER, DEVELOPMENT

Home Instruction authorized from :	to
Home Instruction Teacher assigned:	
Signature of Program Coordinator Guidance & Career Development:	Date: