



Home Instruction – Teacher Information Form

Name: (Please Print – Last Name, First Name)		
Address:	Postal Code:	Home Phone:
Teacher's Home School:		School Phone Number:
Other Contact Information		
Email:		Cell Phone:
Home School Board	<input type="radio"/> Toronto District School Board <input type="radio"/> Other (Please Specify)	TDSB Employee # _____

I am a current member of the College of Teacher in Good Standing: Yes No **OCT Number:** _____

Member Name: _____

My certification is as follows: Primary Junior Intermediate Senior

I am interested in providing Home Instruction for these levels: Elementary Secondary Both

I am interested in providing Home Instruction for: (Students Name) _____

Students in my School's neighbourhood
 Students in my Home neighbourhood
 More than one student at a time
 The above-name student only

Additional Qualifications:	Subjects:

Subject(s) to Teach:	Grade Level Preferred:

Signature

Date

