



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

REQUEST FOR HOME INSTRUCTION - FORM A

(To be submitted to Joe Chilelli, Superintendent of Education, for approval for students who will be absent for a lengthy period of time)

email to: karen.biocchi@hscdsb.on.ca

Refer to Policy No. 5006

STUDENT _____ DATE OF BIRTH _____
Day Month Year

ADDRESS _____ POSTAL CODE _____

SCHOOL _____ GRADE _____

REASON FOR REQUESTING HOME INSTRUCTION _____

DOCTOR RECOMMENDING HOME INSTRUCTION _____

* Attach Original or a copy of Doctor's Slip

DATE EFFECTIVE _____

DATE ENDING (if known) _____

Date Form Submitted

Principal / Designate Signature

This portion to be completed by Joe Chilelli, Superintendent of Education

Date Form Received

Date of Authorization (by phone or e-mail)

Signature for Authorization