



Huron-Superior Catholic

DISTRICT SCHOOL BOARD

FORM A - REQUEST FOR HOME INSTRUCTION

(To be submitted to the Superintendent of Education responsible for Home Instruction.),

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 _____

* Include medical documentation if applicable

DATE EFFECTIVE _____

DATE ENDING (if known) _____

Date Form Submitted

Principal / Designate Signature

This portion to be completed by the Superintendent of Education

Date Form Received

Date of Authorization (by phone or e-mail)

Signature for Authorization