Request for the Establishment of a Home Instruction Unit

TO BE COMPLETED BY THE PRINCIPAL:

_____ _____ _____
(Surname of Pupil) (Given Name) (Date of Birth)

_____ _____
(Street Address) (Telephone No.)

_____ _____
(Parent 1) (Parent 2)

_____ _____
(Teacher) (Level)

_____ _____
(Family Doctor/Psychologist) (Telephone No.)

DOCTOR CERTIFICATE ENCLOSED: ☐ Yes ☐ No

REASON FOR REQUEST: _____

SCHOOL: _____ LOCATION: _____

DATE OF REQUEST:_____ PRINCIPAL: _____

TEACHER GIVING INSTRUCTION: _____

PLEASE COMPLETE **TWO** COPIES OF THIS FORM AND FORWARD TO THE SUPERINTENDENT OF SPECIAL EDUCATION/INCLUSIVE STUDENT SERVICES, EDUCATION CENTRE.
(One copy will be returned when approved.)

TO BE COMPLETED BY SUPERINTENDENT OF SPECIAL EDUCATION/INCLUSIVE STUDENT SERVICES:

Date Approved _____

_____
Superintendent of Special Education/Inclusive Student Services