

GARFIELD PUBLIC SCHOOLS  
Elementary/Middle School

REQUEST FOR HOME INSTRUCTION - SCHOOL YEAR: \_\_\_\_\_

Student \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

School/Program \_\_\_\_\_ Grade \_\_\_\_\_

To: School/Program \_\_\_\_\_

**Reason for Home Instruction:**

**Illness** \_\_\_\_\_

**Pending CST Eval** \_\_\_\_\_ **Results** \_\_\_\_\_

**Other** \_\_\_\_\_ **Documentation** \_\_\_\_\_

Dr. Note: \_\_\_\_\_ Adm. Memo \_\_\_\_\_ Parents/Guardian Letter: \_\_\_\_\_

Library \_\_\_\_\_ School \_\_\_\_\_ Home \_\_\_\_\_

Teacher (s) \_\_\_\_\_ Cell # \_\_\_\_\_

Facility providing home instruction \_\_\_\_\_

Out of District Teacher \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Instruction Dates: Start \_\_\_\_\_ Ended: \_\_\_\_\_

Note to Return \_\_\_\_\_

Submitted By: \_\_\_\_\_ Principal

Superintendent's Approval: \_\_\_\_\_

Approved Board of Education Date: \_\_\_\_\_

**\*\* NOTE:**

IT IS THE RESPONSIBILITY OF THE CASEWORKER TO INFORM THE SUPERINTENDENT'S OFFICE AS TO THE DATE WHEN HOME INSTRUCTION HAS ENDED. ALSO, THE CASE WORKER MUST SUBMIT TO THE SUPERINTENDENT'S OFFICE A MONTHLY BILLING STATEMENT FOR THIS STUDENT (AND A PURCHASE ORDER IF OUT OF DISTRICT TEACHER)

TOTAL HOURS \_\_\_\_\_