

Home Instruction Referral Form

This application MUST include a Doctor's note indicating the medical condition and an estimated duration of Home Instruction placement.

OSIS# _____ Date _____

Student's Name: _____ Date of Birth _____

Address: _____ Home District _____

_____ Apt.: _____

Parent or Guardian: _____

Home Telephone: (____) _____ Work Telephone: (____) _____

COMPLETE THIS SECTION FOR HIGH SCHOOL STUDENTS ONLY.

Grade Advisor: _____ Guidance Counselor: _____

Course titles on current program.

Indicate RCT/REGENTS to be taken (note Jan. or Jun.)

Name, Room number and telephone or school official to be contacted by Home instruction teacher.

Name: _____ Room _____ Tel: (____) _____

Application completed by: _____ Tel: (____) _____

Special Alerts or additional information:

Send Psychiatrist's documentation for emotional/behavioral/psychological conditions to the Home Instruction Guidance Office. (3450 E. Tremont Ave, Bx., N.Y.10465).

Send to Borough Office of Home Instruction for medical/physical conditions.

Please fill in all requested information.

The accurate completion of this application will expedite placement.