

The information gathered on this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.

**APPLICATION FOR HOME/HOSPITAL INSTRUCTION**

**\*\* (Send completed form to Superintendent of School Effectiveness with responsibility for Special Education) \*\*\***

Student's Name:	D.O.B:
School:	
Grade / Subjects:	
Home Room Teacher:	
Home Address:	
Parent/Guardian:	Phone:

Date of Absence:	Illness/Accident/Surgery: <input type="checkbox"/>	Special Education Needs: <input type="checkbox"/>
Medical Certificate:	Attached: <input type="checkbox"/>	To Follow: <input type="checkbox"/>
Approximate Length of Absence from School:		
<b>Has assignment been offered to:</b> Home Room Teacher : Yes: <input type="checkbox"/> No: <input type="checkbox"/> Accepted : Yes: <input type="checkbox"/> No: <input type="checkbox"/> Other teachers in school: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Accepted: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
<b>** If answered "No" to the above, then contact Occasional Teacher Coordinator and provide details of assignment**</b>		
Any other information concerning Student:		
<b>When a teacher has been assigned, return authorized form to H.R. Dept.</b>		
Teacher Assigned:	Date Assigned:	

Home/Hospital Instruction may be established for a student about whom medical evidence is submitted that he/she cannot attend school. The student will have the services of the Home/Hospital Instruction teacher for a maximum of three (3) hours per week.

Date:	Signature of School Principal
Date:	Signature of Superintendent of School Effectiveness