

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: _____ Grade _____

_____ Apt.: _____ School _____

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 (January or June): _____

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 at 3450 E. Tremont Avenue, Bronx, NY 10465.

Send this completed form to the Borough Office of Home Instruction for medical/physical conditions.

Please fill in all requested information. The accurate completion of this application will expedite placement.