



### Home Instruction Application

<b>Date:</b>		<b>School:</b>	
<b>Contact person for student work:</b>		<b>Telephone #:</b>	
<b>Student's Name:</b>	<b>ID #:</b>	<b>Grade:</b>	<b>DOB:</b>
<b>Parent's Name:</b>		<b>Address:</b>	
<b>Phone #:</b>	<b>Cell #:</b>	<b>Work #:</b>	
<b>Reason for home instruction (Attach supporting documentation –i.e. - medical note, IEP, DCR):</b>			
<b>Expected # of Days absent:</b>	<b>Primary Language:</b>	<b>Where will instruction be provided:</b>	<b>Best time for instruction:</b>
<b>Subject Areas:</b>			
<b>Is student currently classified? If yes, indicate classification &amp; attach IEP:</b>			
<b>CST Case Manager:</b>		<b>Contact Number:</b>	
<b>Comments (please indicate any further information needed to ensure appropriate services):</b>			

I certify that the above information is correct and agree to allow the assigned home instructor to provide academic instruction to my child at the pre-arranged location mentioned above. I also agree to monitor my child's completion of all assignments and realize that failure to do so will have a direct impact on their academic standing.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>FOR DISTRICT USE ONLY:</b>		
Principal's Signature: _____	Date: _____	
District Physician's Signature: _____	Date: _____	
District Representative: _____	Date Received: _____	
Home Instructor: _____	Date Assigned: _____	
Expected Start Date: _____	Expected End Date: _____	
____ Approved	____ Not Approved	Date: _____

**Supervisor:** Zelda Spence

**Please complete and return to:**

Office of Student Services  
1200 Myrtle Avenue Room #113 Plainfield, NJ 07063  
908-731-4200 Ext. 5381 **OR** 908-731-4382  
Zelda Spence, Supervisor, Out of School Time  
[zspence@plainfield.k12.nj.us](mailto:zspence@plainfield.k12.nj.us) AND [cjoseph@plainfieldk12.j.us](mailto:cjoseph@plainfieldk12.j.us)