



The Northwest Catholic
District School Board
SCHOOL OF HOPE

THE NORTHWEST CATHOLIC DISTRICT SCHOOL BOARD

REQUEST FOR HOME INSTRUCTION

- NOTES:
1. Home Instruction may be provided for a pupil who will be confined, due to illness or physical injury, for a period of twenty or more consecutive school days.
 2. A Medical Certificate must be provided by the Family Doctor.

STUDENT INFORMATION

Student's Name

Date of Birth

Address

Postal Code

Telephone #

Parent/Guardian

MEDICAL CERTIFICATE

I hereby recommend that _____ be given instruction at home
because he/she is suffering from _____
and is not expected to be able to attend regular classes until _____.

Medical Doctor

Date

PRINCIPAL'S RECOMMENDATION

Home Instruction be provided

Home Instruction not be provided

Home Instruction Teacher

Telephone #

Address

Social Insurance Number

Term of Employment:

From:

To:

Maximum Number of Hours Per Wk: _____

Hourly Rate of Pay: \$ _____

Principal's Signature

Date

APPROVAL

Director of Education

Date

Personal Information contained on this form is collected under the authority of the Education Act, R.S.O., 1990, as amended, c.E.2, s. 170 and s. 171, and will be used for the principle purpose of determining your child's eligibility for home instruction. Questions about this collection should be directed to the Director of Education, The Northwest Catholic District School Board, 555 Flinders Avenue, Fort Frances, Ontario, P9A 3L2, (807)274-2931 or Toll Free 1-888-311-2931.