

**BURLINGTON COUNTY INSTITUTE OF TECHNOLOGY**  
**HOME INSTRUCTION REQUEST**     Medford     Westampton

**Parents complete this section only**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

**FOR MEDICAL HOME INSTRUCTION: \*\*\*\*\*A valid doctor's note must be attached to this form\*\*\*\*\***

I am formally requesting that my child \_\_\_\_\_ be provided home instruction for the following academic subjects and I give permission for the school doctor/school designee to contact my child's doctor when necessary.

Signature of Parent/Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Home instruction must take place at the home, local public library, inpatient facility, online, or in the school building. The site of home instruction will be mutually agreed upon by the parent and the instructor. A responsible adult must be at home during the time home instruction is provided.**

**Guidance Counselor complete this section only**

Counselor \_\_\_\_\_ Extension \_\_\_\_\_

Case manager \_\_\_\_\_ Extension \_\_\_\_\_

Medical     Suspension     IEP    Classified:  Yes     No    If Yes, Classification \_\_\_\_\_

Assignments and textbooks will be provided to the Home Instructor(s) according to the following Home Instruction/Individualized Program Plan starting \_\_\_\_\_ to \_\_\_\_\_.

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hours \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hours \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hours \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_ Hours \_\_\_\_\_

***Please attach the student's current schedule.***

\_\_\_\_\_  
 Director of Pupil Services -Authorization of Instruction & Payment for Services

\_\_\_\_\_  
 Start Date

\_\_\_\_\_  
 Superintendent of Schools Signature

\_\_\_\_\_  
 Date

Note: 1. For a student with an IEP, when the provision of home instruction will exceed 30 consecutive school days in a school year, the IEP team shall convene a meeting to review and, if appropriate, revise the student's IEP.  
 2. For a student without a disability, the home instruction shall meet the New Jersey Student Learning Standards, and the requirements of the district board of education for promotion to the next grade level. When the provision of home instruction will exceed 60 calendar days, the school physician shall refer the student to the child study team for evaluation, pursuant to N.J.A.C. 6A:14.

**For Office Use Only**

\_\_\_\_\_  
 Date Medical received.                      Medical approved by \_\_\_\_\_  
 \_\_\_\_\_  
 Date received by Director of Pupil Services    \_\_\_\_\_ Date Forwarded to Home Instruction Facilitator  
 \_\_\_\_\_  
 Date Board Approval/Data Systems Manager notified by Pupil Services  
 \_\_\_\_\_  
 Date Student Returned to School – Notify attendance office and Home Facilitator