

Burnt Hills-Ballston Lake Central Schools

Request for Home Instruction

Date _____

Student name _____

Address _____

Parent(s) name _____ Contact phone number _____

Beginning _____ the student has been absent _____ consecutive days.
date

Does the student have an IEP? (circle) YES NO

For elementary students -

Teacher _____ Grade _____

For secondary students - Grade _____

Please list subjects to be tutored:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | |

Please attach a doctor's note and send to Grace Mead at the Hostetter Building.

Administrator / Guidance Counselor

Date