



REQUEST for INSTRUCTION OUT-OF-SCHOOL

Verbal permission from the Family of Schools Superintendent must occur prior to submitting this form.

School:	
Name of Student:	
Grade/Classroom:	
Reason for Out-of School Instruction:	
Anticipated Start Date for Instruction:	
Anticipated End - Date for Instruction:	
Hours Requested per Week:	ELEMENTARY: 2.5 5.0 7.5 (2.5 hours = ½ day) SECONDARY: 1.5 3.0 4.5 6.0
Location For Out-of-School Instruction: (i.e. home, hospital, other)	
Medical Certificate obtained from registered physician (CFPC, RCPSC) or registered nurse practitioner. (CNO)?	Yes _____ (attach original) No _____

Principal's Signature

Date

Parent Signature

Date

Supervisory Officer's Signature

Date

Information Collection Authorization: This information is collected pursuant to the Board's education responsibilities as set out in the Education Act and is within guidelines set out in the Municipal Freedom of Information and Protection of Privacy Act, 1989. The information is collected for education purposes and will be used to meet student needs. This information will be stored in a file in both Special Education Services and Human Resource Services. Any questions with respect to this information should be directed to Human Resource Services. Users: Staff arranging instruction out-of-school.