



BUTLER PUBLIC SCHOOLS

Request for Home Instruction

Student Name: _____

Town: _____ Butler _____ Bloomingdale

School: _____ Aaron Decker _____ Richard Butler _____ Butler High School

Counselor: _____

Case Manager: _____

Effective Date: _____ Anticipated Termination Date: _____

(Maximum of 6 weeks - new form needed every 6 weeks)

The following documentation must be attached to this application:

- Students Printed Schedule (Directly from Genesis)
- Guardian Contacts Page (Directly from Genesis)
- Written documentation from physician stating diagnosis, recommendation for HI and estimated length of time.

Category of Reason for Home Instruction:

_____ Physician/Medical _____ Counselor _____ Court Order

Statement of Reason for Home Instruction:

Cours(es) & Teacher Name providing HI:

Signatures/Approval Required

Building Principal Signature: _____

Date: _____

Director of Student Services: _____

Date: _____