

## APPLICATION FOR HOME INSTRUCTION

## DUE TO SUSPENSION FROM SCHOOL PENDING ADMINISTRATIVE/LEGAL HEARING

Home Instruction is not intended to replace or fulfill all requirements of the comprehensive educational program designed for grade level completion or high school graduation. Home Instruction does not excuse any mandated requirements of the NJ State Assessments, high school graduation, or Individual Educational Plan (IEP).

## SECTION TO BE COMPLETED BY SCHOOL ADMINISTRATOR:

Name of Student Parent Name:	Date Suspensi Grade_ Home Add	on EndsPending Age ress:_	hearing / alternate placement / d Home Telephone	ays past suspension start date_
School(	Counselor	Telephone		
Subject Course Schedule: Subject/Course	Tea	acher	Subject/Course	Teacher
Check:General Education Other Information /Remarks	Student	Bilingua/ESL Student	t Special Education Stude	entSection 504 Student
Attachments:	_		(V	Vhen HI provided 30 days or more)
School Counselor Name	Sch	nool Counselor Signatu	re Date	
School Principal Name	Sch	nool Principal Signature	Date	
Date Received by Director of Stude	nt Personnel Servic	es:		
Comments:				