

Readmittance to School from the Home Instruction Program

1. Parent/Guardian Name:				
2. Address:				
3. Phone – Hom	e:		Work / Cell:	
4. Date child/ch	ildren returned to	school:		
5. Reason for re	turning to school:			
6. Children: <u>Last Name</u>	<u>First</u>	<u>Middle</u>	Date of Birth	<u>Grade</u>
Name of School			Attendance/Guidance Signature	

CC: Student Services Revised 2/2016