



Waterloo Region
District School Board

HOME INSTRUCTION

Date: _____

Student's Name: _____

Home Address: _____

Telephone Number: _____

School: _____ Telephone Number: _____

Parent/Guardian Name(s): _____

Description of Medical Situation:

Expected Length of Absence (consecutive school days): _____

Are you in receipt of a physician's statement? (To be kept in the student's Ontario Student Record folder)

Yes No

Does the physician's statement include:

- A description of the medical situation, Yes No
- A recommendation for home instruction, and Yes No
- An approximate indication of the length of time at home? Yes No

Principal Name & Signature _____

Approved: Executive Superintendent of Education _____

*Send original to the Executive Superintendent of Education,
including a copy of the physician's statement.*