

**VICTOR CENTRAL SCHOOL
INDIVIDUALIZED HOME INSTRUCTION PLAN**

GRADES 7-12

School Year: _____

Date:
Name of Child:
Address:
Phone:
Date of Birth:
Grade Level:

DATES FOR THE SUBMITTAL OF QUARTERLY REPORTS

Please enter the dates you wish to submit your quarterly reports below:

First Quarter _____

Second Quarter _____

Third Quarter _____

Fourth Quarter _____

Parent Signature

Instructor Signature

School District Representative

**VICTOR CENTRAL SCHOOL
INDIVIDUALIZED HOME INSTRUCTION PLAN**

GRADES 7-12

School Year: _____

Student Name:	Grade:
Address:	
Phone:	DOB:

Required Subjects for Grades 7-12:

Subject:	Plan/Materials
English	
Math	
Geography/History	
Science	
Health	
Art	
Music	
Library Skills	
Practical Skills	
PE	
Electives:	
