



Bridgewater-Raritan Regional School District

Daniel Silvia, Ed.D., Assistant Superintendent for Special Services
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APPLICATION FOR HOME INSTRUCTION FORM A

I. TO BE COMPLETED BY PARENT/GUARDIAN:

Name of Student: _____ DOB: _____ Gender: _____
(Last Name) (First Name)

Name of Parent: _____

Home Address: _____ Phone: _____

School Attended: _____ Grade : _____

Last date of attendance at school: _____

I authorize the school nurse(s) and school physician to contact the treating physician(s)
for the release of medical information that would impact on a student's academic program.

Parent/Guardian Signature Date

Parent Acknowledgement of the Development of the Student's Home Instruction Plan (HIP):

I agree with the Home Instruction Plan for my child. I understand:

- If home instruction extends beyond **30 calendar days, Form E** (30 Calendar Day Follow Up – Physician Form) must be completed by the treating physician,
- If home instruction extends beyond **60 calendar days, Form G** (60 Calendar Day Follow Up – Physician Form) must be completed by the treating physician.
- **If home instruction extends beyond 60 calendar days, there is a legal requirement to make a referral to the child study team to determine if an evaluation is warranted as per 6A:16-10.1.**

PARENT/GUARDIAN SIGNATURE:

Parent/Guardian: _____ Date: _____

II. TO BE COMPLETED BY HOME INSTRUCTION SECRETARY:

Home Instruction will begin on: _____

Date of return to school: _____

Student will reach 30-calendar day absence on: _____