**South River Public Schools - Student Services Department**
11 Montgomery Street, South River, NJ 08882
Telephone Number 732-613-4014, ext. 6229  Fax Number 732-613-4044
Matt Crouch, Director of Student Services

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# SOUTH RIVER PUBLIC SCHOOLS HOME INSTRUCTION APPLICATION

## REQUEST FOR HOME INSTRUCTION

**Parent/Guardian: PLEASE READ CAREFULLY.**

Students may be deemed eligible for Home Instruction in those rare instances when long-term confinement to home or hospital is required because of severe illness or injury. The student's absence must be expected to last at least two weeks (10 school days) from the time a completed APPLICATION is received by the school. "Confinement" means that the student is bedridden or unable to participate in activities outside the house.

The approval process includes review by the District Physician and Director of Student Services. Eligibility will be determined by the District Physician and must be approved by the Director of Student Services and the Superintendent. A full report by the attending physician must accompany the APPLICATION. A follow-up contact may be made with the physician before approval. A physician's report will be necessary to release the student to return to school. It usually takes at least a week for eligibility to be determined and for a home instructor  to be arranged.

Students are expected to work regularly to keep up with their coursework during any absence. Home Instruction is provided to support lengthy absence. It is to assist in meeting the standards for promotion and graduation. However, it is not to be considered equal to the comprehensive in-school educational program the district provides.

As required by State Regulations, any student approved for Home Instruction beyond sixty (60) calendar days must be considered by the Child Study Team to determine eligibility for a special education program.

A student on Home Instruction status is not counted as absent from school. However, Home Instruction is not to be requested just to circumvent the Board's strict attendance policy. Any absence because of an illness which is named on the district's lengthy communicable disease list will be automatically excused upon presentation of a physician's verification. Furthermore, other legitimate absences will be considered for excuse by the school principal, upon parental request.

Primary delivery of Home Instruction is in person, outside of school hours. Situations where access to a computer is an issue will be addressed as needed. The Director of Student Services may assign virtual instruction as an option, only if necessary..

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Home Instruction is rendered for a minimum five hours per week in at least three visits per week. AN ADULT MUST SIGN the tutor's time sheet at the end of each visit to verify the actual time of instruction.

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| **Date:** | | **School:** | |
| **Contact Person for Student Work:** | | **Telephone #:** | |
| **Students Name:** | **ID#:** | **Grade:** | **DOB:** |
| **Parent's Name:** | | **Address:** | |
| **Phone #:** | **Cell#:** | **Work #:** | |
| **Reason for Home Instruction (Attach supporting Documentation – i.e., medical note, IEP, DCR):** | | | |
| **Subject Areas:** | | | |
| **Expected # of Days Absent:** | **Primary Language:** | **Where will Instruction Be Provided:** | **Best time for Instruction:** |
| **Is the student currently classified with an IEP?** | | **If yes, indicate classification:** | |
| **Comments: Please indicate any further information needed to ensure appropriate services:** | | | |

I certify that the above information is correct and agree to allow the assigned home instructor to provide academic instruction to my child at the pre-arranged location mentioned above. I also agree to monitor my child's completion of all assignments and realize that failure to do so will have a direct impact on their academic standing.

**Parent Signature:** _____ **Date:** _____

**FOR DISTRICT USE ONLY:**

**Director's Signature:** _____ **Date:** _____

**District Physician's Signature:** _____ **Date:** _____

**Home Instructor:** _____ **Date assigned:** _____

**Expected Start Date:** _____ **Expected End Date:** _____

**Superintendent's Signature:** _____ _____**Approved** _____**Not Approved**

**Please complete and return to:**

Student Services Department
11 Montgomery Street
South River, NJ 08882
732-613-4014 X 6229
Lara Fernandes, Student Services Secretary
lfernandes@srivernj.org