I hereby apply for permission for my child to receive Home Instruction during the above School Year.

Parent Signature

1. Course of Study to be followed:

2. Materials to be used:

3. Names of Instructors and Qualifications:
ORCHARD PARK CENTRAL SCHOOL DISTRICT

INDIVIDUALIZED
HOME INSTRUCTIONS PLAN
(IHIP)

DATE: _______________________

Name of Child: _______________________

Age of Child: _______________________

Grade Level: _______________________

Dates for the Submittal of Quarterly Reports

_____________________________ 1st Quarter

_____________________________ 2nd Quarter

_____________________________ 3rd Quarter

_____________________________ 4th Quarter

_____________________________ Parent Signature

_____________________________ School District Representative

_____________________________ Instructor Signature