

ORCHARD PARK CENTRAL SCHOOL DISTRICT

INDIVIDUALIZED HOME INSTRUCTION PLAN IHIP

Child's Name: _____

Parent's Name(s): _____

Address: _____

Child's Age: _____

Expected Grade Level of Instruction: _____ School year: _____

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