

**Burnt Hills-Ballston Lake Central Schools**

PO Box 1389, Ballston Lake, NY 12019

Request for Home Instruction

Date \_\_\_\_\_

Student name \_\_\_\_\_

Address \_\_\_\_\_

Parent(s) name \_\_\_\_\_ Contact phone number \_\_\_\_\_

Beginning \_\_\_\_\_ the student has been absent \_\_\_\_\_ consecutive days.  
date

Does the student have an IEP? (circle) YES NO

**For elementary students -**

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

**For secondary students -** Grade \_\_\_\_\_

Please list subjects to be tutored:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Please attach a doctor’s note and send to Mary Ann De Luca at the District Office – High School.

\_\_\_\_\_  
Administrator / Guidance Counselor

\_\_\_\_\_  
Date