HOME INSTRUCTION REFERRAL FORM

HOME INSTRUCTION SCHOOLS	3450 East Tremont Avenue Bronx, New York 10465 Ramona Pizarro, Principal	Phone 718-794-7200	Fax Main Office: 718-794-7232 Guidance: 718-794-7237 Attendance: 718-794-7205

Home Instruction Offices (select one):

❑ Bronx	❑ Brooklyn	❑ Manhattan	❑ Queens	❑ Staten Island & D 20
470 Jackson Avenue Room 112 Bronx, NY 10455 (P) 718-742-0972 (F) 718-742-1792	360 36th Street Brooklyn, NY 11232 **Room 318 – D 15, 17, 19, 21, 23** (P) 718-369-5523 (F) 718-369-5524 **Room 302 – D 13, 14, 16, 18, 22, 32** (P) 718-369-5550 (F) 718-499-2305	250 West Houston Street Room 212 New York, NY 10014 (P) 646-486-3557 (F) 646-486-3556	142-10 Linden Blvd Room 228 Jamaica, NY 11436 (P) 718-558-2040 (F) 718-529-0292	360 36th Street Brooklyn, NY 11232 **Room 301** (P) 718-499-2794 (F) 718-499-4009

Supervisor	Date

Student's Name (Last, First)	DOB	OSIS#

Home Address

Home District	School (DBN)

PHYSICIAN'S CONTACT INFORMATION

Physician completing medical request	Office Number	Extension

Cell Phone Number	Pager	E-mail

HOME INSTRUCTION REQUEST INITIATED BY

❑ **Parent** ❑ **School** ❑ **Medical Office** ❑ **Other** _____

❑ **Initial request for Home Instruction**

❑ **Currently on Home instruction beginning_____and requesting continuation**

❑ **Initially approved by Office of School Health physician**

❑ **Initial approval for Home Instruction based on _____**

❑ **Previously on Home Instruction from_____to_____, returned to school**

❑ **Number of previous requests for Home Instruction _____**

❑ **Home Instruction provided_____times**

Supervisor's Comments