



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD  
HOME OR HOSPITAL INSTRUCTION**

**Instructions**

1. Complete the form in triplicate and send one copy to the Superintendent of Educational Services as soon as pupil-instruction has been initiated.
2. Send a second copy to the Superintendent of Educational Services when pupil-instruction has been discontinued.

Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Teacher in School: \_\_\_\_\_

Home or Hospital Teacher: \_\_\_\_\_

Pupil's Parent: \_\_\_\_\_

Address:	Telephone:

Pupil's Illness: \_\_\_\_\_

Medical Certificate:

Yes  Other

NOTE: The principal is respectfully requested to obtain, through the parents, a medical certificate and to forward it to the Superintendent of Educational Services.

Date instruction commenced (yyyy-mm-dd):

Instruction Schedule: (criterion):

\_\_\_\_\_

Date

Signature of Principal

Date instruction discontinued (yyyy-mm-dd):

Copy to O.S.R.