

**HOME INSTRUCTION SCHOOLS**

*Ramona Pizarro, Principal*

*3450 East Tremont Avenue  
Bronx, NY 10465  
Phone (718) 794-7200  
Fax (718) 794-7232*

Consent for Instruction Outside of the Home

Please Print the following information clearly:

Student Name:	Student OSIS:
Parent Name:	Parent Contact Number:
Teacher Name:	Teacher Email:
Days of Instruction:	Time of Lesson:
Address where instruction will occur:	
Emergency Contact Person:	Emergency Contact Number:
Relationship to student:	

I agree that my child will receive Home Instruction services at the address listed above. I understand that Home Instruction Schools is not responsible for student transport to and/or from the address listed above.

Name of Parent or Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*A copy of this form must be submitted to the Home Instruction Schools office for approval before instruction can occur outside of the home. A copy should be placed in the student portfolio after approval.*