

HOME INSTRUCTION SCHOOLS

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Ramona Pizarro, Principal

HOME INSTRUCTION TEACHING SCHEDULE FOR _____ AS OF _____
NAME OF STUDENT DATE

TIME: _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY

FROM: _____

TO: _____

Dear Parent:

I WILL TEACH YOUR CHILD ON THE DAYS AND AT THE HOURS INDICATED ABOVE. IF YOUR CHILD IS EVER UNAVAILABLE FOR INSTRUCTION ON ANY OF THE ABOVE TIMES, PLEASE LEAVE A MESSAGE FOR ME AT _____ AT _____ IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CALL MY SUPERVISOR, _____ AT _____.

SIGNATURE OF TEACHER

I AGREE TO BE PRESENT, OR TO PROVIDE AN ADULT CHAPERONE, DURING THE PERIOD OF INSTRUCTION SHOWN ABOVE.

SIGNATURE OF PARENT/GUARDIAN

DATE

PARENTS – IMPORTANT INFORMATION – PLEASE SAVE THIS SCHEDULE