

MINFORD LOCAL SCHOOL DISTRICT HOME INSTRUCTION REPORT

Student's Name: _____

Address: _____

Phone: _____ Grade: _____ School: _____

Parent/Guardian: _____

Subjects: _____

	DATES TAUGHT	START TIME	END TIME	DAILY HOURS	MILEAGE
MON	_____	_____	_____	_____	_____
TUE	_____	_____	_____	_____	_____
WED	_____	_____	_____	_____	_____
THR	_____	_____	_____	_____	_____
FRI	_____	_____	_____	_____	_____
MON	_____	_____	_____	_____	_____
TUE	_____	_____	_____	_____	_____
WED	_____	_____	_____	_____	_____
THR	_____	_____	_____	_____	_____
FRI	_____	_____	_____	_____	_____
Totals for Reimbursement:				_____	_____

I do hereby certify that the above are actual dates and instructional hours rendered to the student.

Signature: _____ Date _____
(Home Instructor)

Signature: _____ Date _____
(Parent/Guardian)

Return this original completed and signed form to:

Treasurer's Office
Minford Local School District

FOR OFFICE USE ONLY
Date Received _____
Received By _____
Pd. Pay Dates _____
