COPLEY-FAIRLAWN CITY SCHOOLS
HOME INSTRUCTION REPORT

NAME OF STUDENT:_____ DOB:_____

TUTOR'S NAME:_____

DATE: MM/DD/YYYY	TIME IN	TIME OUT	TOTAL HRS	PARENT SIGNATURE
Planning Time*				* 1 hour per 5 hours worked

TOTAL NUMBER OF HOURS:_____

HOME INSTRUCTOR'S SIGNATURE:_____

Form must be signed by the Parent and Home Instructor.
Return the signed form to the Director of Pupil Services for approval.

DIRECTOR OF PUPIL SERVICES: _____ Date:_____