

ELMIRA CITY SCHOOL DISTRICT
INDIVIDUALIZED HOME INSTRUCTION PLAN
(IHIP)

DATE: _____
NAME OF STUDENT: _____ DOB: _____
ADDRESS: _____ HOME PHONE: _____

GRADE: _____
School your child would be required to attend if enrolled in public school: _____

DATES FOR SUBMITTAL OF QUARTERLY REPORTS

____/____/____ 1st Quarter
____/____/____ 2nd Quarter
____/____/____ 3rd Quarter
____/____/____ 4th Quarter

Parent(s) Signature(s) Date

School District Representative Date