

BROOKFIELD LOCAL SCHOOLS
TUTORIAL SERVICES
P.O. Box 209, Brookfield, OH 44403

To be signed and submitted to Janelle Ellcessor, Payroll Office

Teacher's Name	Address
Student's Name	School

This student received Home Instruction as follows:

Week of:	Curriculum	Hours	Rate
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Comments:

If student returned to school, enter date here _____
The Board of Education is not responsible for payment of Home Instruction after the student's return to school.

Home Instructor	Date
Parent/Guardian	Date