

**BROOKFIELD LOCAL SCHOOLS  
TUTORIAL SERVICES**

614 Bedford Rd., 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments:

If student returned to school, enter date here: \_\_\_\_\_

The Board of Education is not responsible for payment of Home Instruction after the student returns to school.

_____ Home Instructor	_____ Date
_____ Parent/Guardian	_____ Date