



Miller Place School District

Individualized Home Instruction Plan Application



Student	Last Name:	First Name:		
Street Address				
City		Zip Code		
Date of Birth		Grade		
Individual(s) Providing Instruction	Full Name:		Relationship:	
	Full Name:		Relationship:	
	Full Name:		Relationship:	
Dates of Submittal of Quarterly Reports:				
1st Quarter			In order to comply with the New York State Homeschooling regulations, the dates for submittal must be spaced in even and logical periods. The reports must be submitted on or before the date that you proposed in order to be in compliance.	
2nd Quarter				
3rd Quarter				
4th Quarter				

Parent Signature _____ **Date:** _____

Signature of School Personnel _____ **Date:** _____

Signature of Superintendent _____ **Date:** _____

School District Use Only				
Date of IHIP Submission		IHIP complies		
		IHIP is out of compliance		
Date of IHIP Resubmission		IHIP complies		
		IHIP is out of compliance		
Date Received Annual Assessment				
Dates Received Quarterly Reports:	Complies	If needed, dates of resubmittal:	Complies	