



**EDUCATIONAL SERVICES UNIT**  
 Burlington County Special Services School District  
 20 Pioneer Blvd., Westampton, NJ 08060-3824  
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 Educational Services Unit Director  
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## PUBLIC HOME INSTRUCTION REQUEST

Student Name: \_\_\_\_\_ NJ Smart SID#: \_\_\_\_\_

DOB: \_\_\_\_\_ CA: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_ Phone/Home: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

District: \_\_\_\_\_ Grade: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

District Web address: \_\_\_\_\_

Classified Student: Yes No Classification: \_\_\_\_\_

Reason for Homebound Instruction:

\_\_\_\_\_  
 \_\_\_\_\_

Academic Levels:

Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Books/Materials Provided: Yes No

Subjects Required:

\_\_\_\_\_

Services Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Required Time: Day \_\_\_\_\_ After School/Evening \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipated Date of Termination: \_\_\_\_\_

Additional comments/information:

\_\_\_\_\_  
 \_\_\_\_\_

Signature and Date indicate approval

\_\_\_\_\_  
 Child Study Team Director and/or Principal

\_\_\_\_\_  
 Date

**Please scan completed form to:**  
**Bobbie Downs**  
[bdowns@burlicoschools.org](mailto:bdowns@burlicoschools.org)