

**NORTHERN REGION EDUCATIONAL SERVICES COMMISSION**

**82 Totowa Road  
WAYNE, NJ 07470**

**Brad Haimowitz - Director of Special & Non Public Programs**

**82 Totowa Road  
Wayne, NJ 07470  
973-614-8585 x 104  
bhaimowitz@nresc.org  
EMAIL YOUR REQUESTS**

**REQUEST FOR HOME INSTRUCTION & BEDSIDE INSTRUCTION**

DATE \_\_\_\_\_ PUBLIC \_\_\_\_\_ NON PUBLIC  
\_\_\_\_\_ REGULAR EDUCATION \_\_\_\_\_ SPECIAL EDUCATION-CLASSIFICATION \_\_\_\_\_  
(IEP MUST BE SUBMITTED)

STUDENT FIRST NAME: \_\_\_\_\_ STUDENT LAST NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
STUDENT ADDRESS: \_\_\_\_\_  
PARENT/GUARDIAN NAME(S): \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_  
CELL PHONE #: \_\_\_\_\_  
PARENT/GUARDIAN EMAIL: \_\_\_\_\_

IF THE STUDENT WILL BE RECEIVING INSTRUCTION AT A HOSPITAL, FACILITY OR DIFFERENT LOCATION-  
NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
CONTACT PERSON NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

SUBJECT _____	HOURS PER WEEK _____
SUBJECT _____	HOURS PER WEEK _____
SUBJECT _____	HOURS PER WEEK _____
SUBJECT _____	HOURS PER WEEK _____
SUBJECT _____	HOURS PER WEEK _____

ADDITIONAL INFORMATION REGARDING THIS STUDENT (MEDICAL, BEHAVIOR, ETC.):

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NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ TITLE \_\_\_\_\_

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PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL \_\_\_\_\_

**A COPY OF THIS FORM AND CONTRACT MUST BE SENT TO:**

**MARY J. LANDOWSKI, SUPERVISOR OF HEALTH SERVICES-WAYNE TOWNSHIP PUBLIC SCHOOLS**  
mlandowski@wayneschools.com      PHONE: 973-317-2198      FAX: 973-317-2159