

## Appendix 1

## **Request for Resources and Instructional Materials**

PERSONAL IDENTIFICATION		
Date of the Request:		
Last name, First Name of Student:		
Student's Permanent Code (if available):		
Date of Birth:		
Last name, First Name of Parent:		
Address:		
Parent's Email Address:		
Parent's Telephone Number:		

CHOOSE THE RESOURCE		
Classroom	Science lab	
Library	Gymnasium	
Visual Arts room	Drama room	



TITLE OF ACTIVITY (ONE ACTIVITY PER FORM) :
Detailed description of activity:
List of all instructional material requested (only this material will be available):

SPACE RESERVED FOR SCHOOL BOARD			
Name(s) of supervising adult(s) (maximum two)*:			
1			
2			
Request accepted Request denied			
Reason for denied request:	_		
Date : Homeschooling Supervisor:			
Provided recent (within 2 years) police check: Yes No			



Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

Please return this form to **WQSB Homeschooling** at the following email address: homeschooling@wqsb.qc.ca