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**Home School Instruction**

**Quarterly Report Form**

**Rochester City School District**

**Formulario de Informe Trimestral sobre la Enseñanza y Educación en Casa**

**Distrito Escolar de la Ciudad de Rochester**

Home School Coordinator

Coordinador de Educación en Casa

Rochester City School District

Distrito Escolar de la Ciudad de Rochester

131 West Broad Street

Rochester, New York 14614

Phone/Teléfono: (585) 262-8492

Fax: (585) 295-2611

Email/Correo electrónico: HomeSchool@RCSDK12.org

Website/Sitio web: www.RCSDK12.org/homeschool

**QUARTERLY REPORT FORM**

**FORMULARIO DE INFORME TRIMESTRAL**

Complete the following quarterly report form and return by the date indicated on your IHIP form by emailing it to: HomeSchool@rcsdk12.org or mailing to: *Home School Coordinator, 131 W. Broad St, Rochester, NY 14614*

Llene el siguiente formulario de informe trimestral y devuélvalo antes de la fecha indicada en su formulario de IHIP enviándolo por correo electrónico a: [HomeSchool@rcsdk12.org](mailto:HomeSchool@rcsdk12.org) o por correo postal a: *Home School Coordinator, 131 W. Broad St, Rochester, NY 14614*

* Please fill in all shaded areas and complete one subject section for each subject submitted on your IHIP form.
* Llene todas las áreas sombreadas y complete la sección de asignatura por cada asignatura enviada en su formulario IHIP.
* Please email or call with any questions to the contact information on the first page
* Envíe un correo electrónico o llame con cualquier pregunta a la información de contacto en la primera página.

**Academic School Year: 20\_\_\_ - 20\_\_\_**

**Año académico: 20\_\_\_ - 20\_\_\_**

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| **Name of Student: Nombre del estudiante:** |  | **Today’s Date:**  **Fecha de hoy:** |  |
| **Student Grade Level:**  **Grado del Estudiante:** |  | **Student’s Birth Date:**  **Fecha de nacimiento del estudiante:** |  |

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