

Parent Distance Learning Request Form

As the parent of _____, I am requesting consideration of distance learning permission for my child for the duration of the current COVID-19 altered school opportunities. I am making this request because:

- A. My child has vulnerable family members at home whose immune system could be compromised due to age (>65 years of age) or medical conditions that exist.
- B. My child has underlying medical conditions that may cause complications from exposure to the COVID -19 virus in spite of all of the precautions taken by the School District.
- C. Other medical or educational reasons that should be considered by the Building Principal in determining eligibility: _____

*Eligibility for remote learning requires that:

- a. The student remains actively engaged and in good standing with the remote learning instructor. This would include maintaining passing grades, having appropriate work completion and satisfactory work habits to properly gain proficiency of the curriculum.
- b. The student's home office space has good internet access and a computer, iPad or appropriate electronic device to support video conferencing and electronic coursework.
- c. Students/families opting for remote learning will be provided proficiency based instructional service between the hours of 8-4:00 during scheduled school days.

Once a student is approved for distance or remote learning, the student will not be allowed to return to regular school attendance until a quarter, trimester or semester break.

Any poor performance or poor attendance by a remote learner or difficulties fulfilling the requirements and rigorous content will be cause to revoke permission for remote learning.

The school Building Principal will make the final determination about the appropriateness of the setting for the best learning platform for the student.

Signature _____ Printed Name _____

Required Contact Information:

Parent Cell Phone Number _____
Home Phone/Student Phone _____
Email Address _____
Internet Provider _____

School Use Only: Approved _____ Denied _____ Building Principal _____ Date: _____
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