REQUEST FOR REMOTE LEARNING FORM

Date:	
Student Name: Attend	ance Center:
Parent/Guardian:	
I, (Parent/Guardian) am request child, (Student Name) to partic the duration of the declared public emergency, or the end of the	cipate in remote learning opportunities for
I understand that the district will do their utmost to accommod some learning opportunities may need to be modified in a rem education and accommodations for students who have individu Section 504 plans will be determined by each respective IEP of	ote environment. The provision of special ualized education programs (IEPs) or
I understand that in order for my child to continue to participal attendance will be taken, assessments administered, and grade cumulative grade average. I understand that any devices, tech facilitate remote learning are the property of the district and m learning period.	s will be counted toward my child's nology, or materials given to my child to
I am requesting that remote learning opportunities begin on	
(Parent/Guardian)	_
(Date)	
Request approved by:	(School official)
(Date)	

 Approved
 August 10, 2020
 Reviewed
 November 13, 2023
 Revised