REQUEST FOR REMOTE LEARNING FORM

Date:	
Student Name:	Attendance Center:
Parent/Guardian:	
	Name) to participate in remote learning opportunities for or until I have determined my child can safely return to
I have attached to this form documentation from professional confirming that remote learning is condition of my child or of a family member re	medically necessary due to the vulnerable health
some learning opportunities may need to be mo	st to accommodate my child's learning needs, but that odified in a remote environment. The provision of special no have individualized education programs (IEPs) or espective IEP or Section 504 team.
attendance will be taken, assessments administed cumulative grade average. I understand that an	nue to participate in mandatory learning, his/her remote ered, and grades will be counted toward my child's ay devices, technology, or materials given to my child to be district and must be returned at the end of the remote
I am requesting that remote learning opportunit [(date) or the declared public e	ties begin on (date) and continue until emergency is dismissed].
Parent/Guardian	Date
Request approved by:	
School Official	

Note: This form is to be utilized by parents/guardians of a student who, during the course of a declared public emergency, believe that further attendance by the student at traditional in person school would be detrimental to the health or safety of the student or the student's family member residing with the student. This form is not necessary when the school building is closed to traditional in person learning and remote learning opportunities are already available to students. It is only to be utilized during a public emergency declared by state or local officials when traditional in person learning continues to be held.