



Face to Face/Distance Learning Request Form Elementary Schools

For 2nd Quarter, October 26, 2020 – January 14, 2021

Please note: A separate form is required for each student.

Student's Name _____ Student I.D. # _____

School _____ Grade Level _____

As the parent/guardian of the student listed above, I am confirming that my student will participate in:

_____ Face to Face Learning

_____ Distance Learning

for the 2nd Quarter, October 26, 2020 – January 14, 2021.

Once committed to face to face learning or distance learning, your student must continue with that selection for the duration of the quarter.

This form is due to your school by October 9, 2020.

Currently, my student is participating: ☐ Face to Face ☐ Distance Learning

Parent/Guardian Signature: _____

Date: _____

A form for the following term will be available approximately 3 weeks prior to the beginning of that term.

For school use only: This form has been received on (date) _____

by: _____