

July 27, 2020

Date Due: August 3, 2020

Dear Parent or Guardian,

We are in the process of preparing for our school's re opening in September which is waiting on the approval of Governor Cuomo. However, In order to plan for required social distancing and the health and safety of our students, faculty and staff; I ask you to please indicate your choice preference below for your child. The choice a parent makes must remain in effect through the quarter or until a reasonable time to review the case and depending on class availability with approval from school administrators. Parents can opt to change to full-time remote learning from home at any time after communicating this choice in writing to Mr. Naccari.

Child's Name _____ Grade _____

What is your preferred choice for your child? Please select one.

_____ My child(ren) will attend staggered days with alternating Fridays

School will assign days scheduled for the staggered days. Our plan is to keep siblings on the same schedule. We will do the best to honor specific requests. However, we cannot promise that individual requests can be accommodated.

Example:

Monday / Wednesday Tuesday/ Thursday alternating Fridays

_____ I want my child to participate in full time (at home) remote learning only.

Parent Signature