

Trimester II On Site/Virtual Learning Survey

Family Name _____ Homeroom _____

The choice you make is in effect from 12/7/20 - 3/10/21. It can not be changed.

On Site Learning - Child is physically in school

Virtual Learning - Child attends school through the use of a device. (Chromebook, IPAD, etc)

_____ My child(ren) will attend On Site Learning.

_____ My child(ren) will attend Virtual Learning.

Parent/Guardian Signature _____ Date _____

Thanksgiving Plan Survey

Family Name _____ Homeroom _____

Please select ONE.

_____ My family will NOT be going out of state for the Thanksgiving Holiday.

_____ My family will be going out of state for the Thanksgiving Holiday. **I understand my child(ren) must quarantine for 14 days before returning to school.**

Please select ONE.

_____ My family will celebrate the Thanksgiving Holiday with our household ONLY.

_____ My family will celebrate the Thanksgiving Holiday with people who live outside of our household. **I understand my child(ren) must quarantine for 14 days before returning to school.**

Parent/Guardian Signature _____ Date _____

