

# Remote Learning Agreement



I \_\_\_\_\_ agree to assist my student with remote learning. I will meet the requirements listed below to participate in remote learning on a daily basis.

Initials	Requirements
	Lead children in daily prayer (ex. Hail Mary, Our Father, Angelus, morning offering, school specific prayer, etc.)
	Support learning by suggesting a quiet space to learn and provide a daily checklist of tasks to complete.
	Keep students accountable for original work - see your school's Virtual Learning Integrity Code.
	Get acquainted with Google Classroom or Class Dojo. <ul style="list-style-type: none"><li>- A Parent Guide to Google Classroom   <a href="https://www.youtube.com/watch?v=lgS-hoSljnw">https://www.youtube.com/watch?v=lgS-hoSljnw</a></li><li>- Log in to the student's Google Classroom or Class Dojo each evening to view students' work.</li><li>- Check in daily with students about school work deadlines and plans for execution.</li></ul>

	Encourage students to turn off phones and other electronics past 9 PM.
	Communicate with teachers via email or Google Classroom or Class Dojo.
	Complete daily log for student participation. Submit the log weekly via email or deliver to the office.
	Read all emails and newsletters provided by the office and teachers.

It is our belief as Catholic Educators that our parents are our student's primary educators. We have provided two options for you to determine what is best for your student(s). Please make a prayerful decision in how you wish to have your student(s) participate in schooling for the 20-21 school year.

**Option 1:**

I agree to follow all of the requirements listed above for remote learning. My student(s)

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will follow the learning environment provided by HFCS and approved by the Health Department. I understand that if the Shawnee County Health Department allows, I will send my student to school for full in-person learning. I understand that if we are in Hybrid Learning (yellow light, 50% of enrolled students on site), as determined by the health department, my student will participate in person on Mondays and Tuesdays or Thursdays and Fridays as determined by the school. If the school is closed any day due to holiday or other circumstances, those days can not be made up by attending a different day. I understand that if the Shawnee County health department requires HFCS to move to full remote learning (red light) I will follow the requirements listed above. I understand this selection requires my student to continue with this schedule until written notice is approved by administration or the mandate is reversed.

**Option 2:**

I agree to follow all of the requirements listed above for remote learning. My student(s)

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will participate in remote learning for the first quarter. I understand that my student will not be able to return to school before the end of the quarter. If I choose to return to in-person learning for my student (if available based on the Shawnee County Health Department) I will submit a written request to return to in-person learning for my student 15 days prior to the end of the quarter (10/15/2020; 12/3/2020; 2/26/2021).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_