



### Fall 2020 Remote Learning Accommodation Request Form

Please complete a form for each child in your household for whom you are requesting full remote learning.

Parent/ Guardian Name:	
Parent Email:	
Student Name:	
Student Grade:	

By submitting this form, I am formally requesting that the student listed above participate in a 100% remote learning program for the first semester of the 2020-2021 school year. I acknowledge that my child will not return to school during the first semester or until such time as social distancing requirements are relaxed and all students are permitted to return.

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

Date \_\_\_\_\_