



Distance Learning Agreement

I, _____, request that my student,
_____, will participate in distance learning instruction which will
apply toward attendance at _____.

The following agreement must be signed and returned to the school office of which your student is enrolled. Application for distance learning must be submitted prior to each 9 weeks grading period. Only students that maintain a “C” average or have a documented medical exemption may continue distance learning after November 30, 2020.

Please indicate by checking the boxes below that you understand and agree to the following:

- I am applying for my child to receive distance learning instead of a traditional classroom setting.
- I understand that by choosing distance learning, my student will have to remain a distance learner until the close of the 9 weeks grading period.
- If I do not have Internet capabilities at home, I will contact the school to determine the best method of providing access to instruction. Otherwise, I am indicating that I have access to reliable Internet.
- I understand that my child is responsible for completing all classroom assignments and returning completed work on time, or their grades will be negatively affected.
- I will assure the work and all assignments are completed and returned.
- During State Testing, I understand that my child will need to come to the school building to complete some assessments/tests.

Parent Signature

Date

Child's Name

School

Grade

Requested period for Distance Learning

1 st semester	2 nd Semester
<input type="checkbox"/> 1 st 9 weeks Aug.6 – Oct. 9	<input type="checkbox"/> 3 rd 9 weeks Jan.5 – Mar. 17
<input type="checkbox"/> 2 nd 9 weeks Oct. 14 – Dec. 18	<input type="checkbox"/> 4 th 9 weeks Mar.18 – May 24