



Face to Face/Distance Learning Request Form Elementary Schools

Please note: A separate form is required for each student.

Student's Name _____ Student I.D. # _____

School _____ Grade Level _____

As the parent/guardian of the student listed above, I am confirming that my student will participate in:

_____ Face to Face Learning

_____ Distance Learning

for the 1st Term, August 24 – October 22, 2020.

This form is due to your school by August 6, 2020.

Once committed to face to face learning or distance learning, your student must continue with that selection for the duration of the term.

Parent/Guardian Signature: _____

Date: _____

A form for the following term will be available approximately 3 weeks prior to the beginning of that term.

For school use only: This form has been received on (date) _____

by: _____