



Distance Learning Request Form Secondary 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 requesting that my student will participate in distance learning for the 2020-2021 school year.

Parent/Guardian Signature: _____

Date: _____

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