REQUEST FOR REMOTE LEARNING FORM

Date:	
Student Name:	Attendance Center:
Parent/Guardian:	
(Student	ent/Guardian) am requesting accommodation for my child, Name) to participate in remote learning opportunities for the y, or for the amount of time specified by the District Administration,
learning opportunities may need to be mo	r utmost to accommodate my child's learning needs, but that some odified in a remote environment. The provision of special education ave individualized education programs (IEPs) or Section 504 plans P or Section 504 team.
attendance will be taken, assessments adr grade average. I understand that any dev	I to continue to participate in mandatory learning, his/her remote ministered, and grades will be counted toward my child's cumulative vices, technology, or materials given to my child to facilitate remote d must be returned at the end of the remote learning period.
	ortunities begin on (date) and continue until blic emergency is dismissed.
(Parent/Guardian)	
(Date)	
Request approved by:	(School official)
(Date)	