

SHELBYVILLE CUSD #4
REQUEST FOR FULL-TIME ONLINE REMOTE LEARNING INSTRUCTION FOR SPRING 2021

***In order to be considered for online remote instruction, this form must be submitted on or before
December 1st, 2020**

In light of the COVID-19 pandemic, the District has developed a full-time online remote learning option for all students. Any instructional days for approved full-time online remote learning instruction will count as regular attendance days for the student. All approved requests for full time online remote instruction will apply for the duration of the semester, without the option to request to transition to in-person instruction until the next semester (Fall 2021).

Name of Student: _____ **Date of Birth:** _____

School: _____ **Grade Level:** _____

I, Parent/Guardian of the above-named student, acknowledge that I request full-time online remote learning instruction for my student for the entire spring semester of the 2020/2021 school year because I do not wish my student to attend school in-person due to the COVID-19 pandemic.

Please return this completed form to the building Principal or building office. The District will review the information submitted and contact you regarding spring instruction, or for any additional information required to process this request.

Signature of Parent/Guardian

Date