

**FULL-TIME REMOTE LEARNING SELECTION FORM - Spring 2021**

To commence the second semester 2020-2021 school year, Community High School District 117 will continue to offer families the opportunity to select fully remote learning. Hybrid in-person learning will resume when we meet the IDPH and LCHD criteria. Families who do not opt for fully remote learning will be expected to have their student in attendance on that student's scheduled dates of in-person learning following District 117's Hybrid learning plan. Each cohort will attend school for in-person learning for one week (Monday-Thursday), and participate in remote learning for two weeks on a rotating basis and every Friday. (If your child is eligible for special education services, the Blended Remote Learning format may be modified as set forth in your student's IEP and Individual Remote Learning Plan.) If the State of Illinois enters Phase 5 Recovery or the Board of Education determines that full-time in-person learning can be implemented, the School District will notify you regarding that transition.

Students participating in full remote learning will be expected to participate in a manner on par with the remote learning days of students participating in hybrid learning (in-person and remote).

If you would like to elect to have your student participate in full-time remote learning for the spring semester of the 2020-2021 school year, rather than District 117's Hybrid learning plan, then please complete this form and return it to the school's MAIN OFFICE by December 4, 2020. Submission of this signed form constitutes agreement that your student will not attend school in-person, and will receive all educational services through a remote learning format for the entirety of the second semester.

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On behalf of the student named below, I opt to have educational services delivered full-time via remote learning during the second semester of the 2020-2021 school year.

**Name of Student:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Does your Student have an IEP or Section 504 Plan? (circle one)**                      YES / NO

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Signature (If 18 Years Old):** \_\_\_\_\_

**Date:** \_\_\_\_\_