



ST. ELMO CUSD #202 Application for Non-Traditional Learning

Student Name: _____

Address: _____

Grade Level: _____ **Classroom Teacher, If Applicable:** _____

If your child has a medical condition putting him/her at risk if attending in-person, please describe below, and attach current documentation from your medical provider:

What type of device will your child be using to access school materials? _____

How many hours a day is your child currently spending on remote work? _____

How many hours a day are you available to help your child with work in Non-Traditional Learning? _____

How often have you communicated with your child's teachers while he/she was on Remote Learning? _____

<u>Yes</u>	<u>No</u>	
_____	_____	My child has permanent/reliable internet access
_____	_____	My child has access to a printer to print assignments from Google Classroom
_____	_____	My child is currently passing all courses while on Remote Learning

Please read the statements below relating to Non-traditional Learning, and initial each statement indicating your understanding:

- _____ I understand that Non-traditional Learning will not be the same format as Remote Learning.
- _____ I understand that, as a parent, I may need to be more involved with my child's learning to help ensure his/her success.
- _____ I understand that, as a parent, I will be responsible for making arrangements for paper packets to be picked up and/or returned to the school.
- _____ I understand that my child will be required to submit work on time and to check in daily for attendance.
- _____ I understand that I am responsible for making sure that my child has the needed materials at home to learn. The district will not be providing hot spots and devices, unless students are under quarantine.

Parent Signature: _____ **Date:** _____

For office use only:

Approved: _____

Not Approved: _____