## Croswell-Lexington Middle School

## **ELECTIVE TRANSFER TO VIRTUAL LEARNING AGREEMENT**

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Student Na	me:	Grade: 5	6	7	8	
Parent/Gua	ardian Name (please print):					
*Please ret	turn this form by March 24, 2021*					
******	*************	********	******	*****	*****	
Requirement indicate that	ng to transfer my child to virtual learn nts of online/virtual learning are liste at you have read and understand the ay both the student AND the parent of	ed below. Please in information given. or the transfer will	itial nex (Please not be	t to eac note: A approv	h statement to LL items mus ed)	0
	I understand that this is a one tim the 2020-2021 school year.	e, one-way transfer	for the	remain	der of	
	I understand that the school will of the students are currently enrolle will be enrolled in a new course at responsible for completing the co	d in; however, when	n this is ent teacl	not pos her and	sible, the stud will be	lent
	I understand that teachers have so live instruction or support via zoon recommended that my child atten	m. It is strongly end	courage	d and	ovide	
	I understand that online tests/quithat my student must take these a teacher.	· ·				

	I understand that my child has to complete the online attendance requirement as determined the following:	•				
	Two separate two-way communication teacher. This may include responding attending zooms, and/or taking tests/o	to emails, submitting assignments,				
	The online attendance week runs from Tuesday each week.	Wednesday through				
	with the teacher will result in my child	Failure to complete the two separate two-way communications with the teacher will result in my child being marked absent for Wednesday through Tuesday of that attendance week.				
		ool related attendance				
******	***************	******				
Student Signa	ature:	Date:				
Parent/Guardian Signature:		Date:				
******	*************	******				
Administrativ	ve Approval Signature:					
Date:						