

GALATIA CUSD #1

200 North Hickory Street, Galatia, IL 62935

(618) 297-4570 Fax (618) 297-4542



Parents and students,

In our ongoing effort to comply with the executive order of the governor, the Illinois Department of Public Health, and Illinois State Board of Education we are asking parents to decide if they will be sending their children back to school this fall, or choose a remote learning opportunity we will be offering. Please check the appropriate box for your decision, sign and date at the bottom.

I am electing to send my child back to school for the 2020-2021 school year. In making this selection I agree to the following terms:

1. I will not send my child to school with Covid 19 symptoms.
2. My child will wear a mask while at school, and on the school bus.
3. School is dismissing at 2:00 each day with busses loading and dismissals starting at 1:40. I am prepared to pick up my child at 1:40.
4. I agree my child will have their temperature taken daily before entering the building.
5. Doors at all district buildings will be locked until 7:45. I will not drop my child off until at least 7:45.
6. If my child tests positive for COVID 19, I will assist the school in contact tracing to help reduce the spread of COVID 19.

I am electing to participate in the remote learning program offered by Galatia School District. In making this selection I agree to the following terms:

1. I (the parent) realize I am responsible for picking up and dropping off all work for my child on time.
2. All work will be graded on a traditional grading scale; there will be no pass/fail grades.
3. In electing remote learning, I realize my child cannot participate in any extracurricular activities.
4. I acknowledge teachers will assist in helping my child through work, but I must have technology available and to be online at the appropriate scheduled times.
5. In electing remote learning, I am electing the option for at least 9 weeks. At the end of the first quarter I can either elect to continue remote learning or return to in person learning.

Student(s) Names

Parent Signature

Date