

ANDOVER CENTRAL

31-35 ELM ST., P.O. BOX G, ANDOVER, NY 14806



SCHOOL DISTRICT

PHONE: 607-478-8491 • FAX: 607-478-8833

REMOTE LEARNING REQUEST FORM

This form is meant to be an official notification for Andover Central School that you are requesting your student(s) to have full-time remote learning. The first deadline for this form is **August 28th, 2020**.

Parent name: _____

Student(s) name(s): _____

By signing this form, you acknowledge that your student must continue to do remote learning for the current marking period. If you want to change to hybrid learning, you must notify the school no later than **one week** after report cards are sent home.

Signature: _____

Date: _____

You may sign this form electronically and email it to Mr. Morris at jmorris@andovercsd.org or mail it to him at the address above.