



**HERMON SCHOOL DEPARTMENT**  
**31 Billings Road, Hermon, ME 04401**  
**Phone: (207) 848-4000 #6000, Fax: (207) 848-5226**



**Distance Learning Only (COVID-19)  
Request Form**

Student's Name \_\_\_\_\_

Student DOB \_\_\_\_\_

School \_\_\_\_\_

Grade Level \_\_\_\_\_

As the parent/guardian of my student, I am requesting that my student will participate in Distance Learning Only for the first semester of the 2020-2021 school year due to a **medically documented** need or circumstance. I understand that I am responsible for ensuring that my child has access to and actively participates in the remote learning experiences provided by the Hermon School Department.

Please provide an explanation of how participating in in-person learning **adversely** impacts your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Initial:

\_\_\_\_\_ I have attached **medical documentation** that states that my child cannot/should not attend school in-person.

*I understand that this is the best option for my student currently. If my child's plans change, I will contact my child's principal for additional learning options.*

Parent/Guardian Signature: \_\_\_\_\_

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

Principal Signature: \_\_\_\_\_

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

Superintendent Signature: \_\_\_\_\_

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

**Please Note: A separate form is required for each student.**