



SHERIDAN SCHOOL DISTRICT

DISTRICT ADMINISTRATION

400 NORTH ROCK STREET | SHERIDAN, AR 72150 | 870.942.3135 | WWW.SHERIDANSCHOOLS.ORG

REQUEST TO CHANGE A STUDENT'S LEARNING OPTION

STUDENT'S HOME CAMPUS: _____

STUDENTS FIRST AND LAST NAME: _____

STUDENT'S GRADE LEVEL: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN CONTACT NUMBER: _____

In which learning option is the student **currently** participating? (circle one) VIRTUAL or BLENDED (On-Site)

Briefly describe the reason for the desired change below?

____ IEP	____ 504	____ Band	____ Choir
____ Athletics which sport?)	____	____ ASU (COTO)	

Academic, Personal, or Work barriers to the student's current learning option:

Parent Signature: _____

OFFICE USE ONLY

Administrator: _____

Conference Date: _____

Change Decision: _____

Start Date: _____