

BENTON COMMUNITY CONSOLIDATED SCHOOL DISTRICT #47
STUDENT REGISTRATION
Spring Semester 2020-21

All forms must be turned in by November 13, 2020.

Students will remain in their present placement if not received by 11/13/20.

Student Information:

First Name _____ Last Name _____ Grade _____

Current teacher _____

Please choose one of the following:

____ My student is receiving in person instruction, and I would like them to continue in-person instruction.

____ My student is a remote learner, and I would like them to return to in-person instruction.

** Returning remote learners first day for in-person learning will be January 5th.*

____ My student is a remote learner, and I would like them to remain a remote learner.

**Note: Students signing up for remote learning for Spring will be a remote learner to the end of the year and will not be allowed to return to in person instruction until the 2021-2022 school year.*

____ My student is receiving in-person instruction, and I would like them to move to full remote learning.

Note: Students signing up for remote learning for Spring or moving to remote during the spring semester will be a remote learner to the end of the year and will not be allowed to return to in-person instruction until the 2021-2022 school year.

Signature of Parent or Guardian

Date

**This information will be used to guide our Spring Semester School Plan based on the present ISBE guidelines. Please note: The plan could change if ISBE guidelines change.*

**Students must be in compliance with health examination and immunization requirements to return to in person learning.*

**If you choose remote learning for your student, that will be their placement until the end of the 2020-2021 school year.*

**In-Person learners may switch to remote at any time. However once students switch to remote learning, they will remain remote until the end of the 2020-2021 school year.*

If your information has changed please update below:

First Name _____ Middle Name _____ Last Name _____

Street Address _____

Street

City

Zip

Parent Phone Number _____