

**PARENT SELECTION OF REMOTE LEARNING**

*Please complete 1 form for each child for whom you are making a request*

**Date of Request:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Grade:** \_\_\_\_\_

Please answer the following questions regarding your request for remote instruction for your child. Completed forms must be submitted to: [mainoffice@greenhills.org](mailto:mainoffice@greenhills.org). Questions regarding remote learning may be directed to [Dr. Lydia Furnari](mailto:lfurnari@greenhills.org) via email: [lfurnari@greenhills.org](mailto:lfurnari@greenhills.org).

In order for your child to commence the school year with remote learning, your completed request must be submitted by **Friday, August 14, 2020**. If your request is received after that date, the school district will require a period of at least thirty calendar (30) days to process your request as it may necessitate a change in instructional staff and instructional staff support, educational technology, and student schedule. If additional time is required before your child can start remote learning or return to the classroom, a representative from Green Hills School (GHS) will contact you.

Please be sure to provide your contact information below in the event that GHS requires additional information and so that they can keep you informed on the status of your child's transition to/from remote learning.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

**1. Does your child have an Individualized Education Program (“IEP”) or 504 Plan?**

- Yes (please identify your child’s case manager \_\_\_\_\_ )
- No

*\*Please know that a student’s return from or placement on full-time remote instruction will require an amendment to the IEP or 504 Plan.*

**2. Did you request student transportation services for the 2020-2021 School year?**

- Yes
- No

*\*Requests for full-time remote instruction will result in the termination of your child’s school transportation services.*

**3. Please select the services for which you are requesting to be provided entirely remotely (select all that apply):**

- Instruction (includes general and special education);
- Related services (identify): \_\_\_\_\_  
\_\_\_\_\_
- Response to Intervention (“RTI”);
- Other (identify): \_\_\_\_\_  
\_\_\_\_\_

*\*For those services that you have not selected, they will be provided in-school and in accordance with your child’s current schedule. You will be responsible for transporting your child to and from school for these services, at the designated times and days. Parents/guardians are reminded that they are to adhere to the Board’s Visitor Policy No. 9150, and the Board’s Policy concerning the Restart and Reopening of Schools due to COVID-19, No. 1648.02.*

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_