

Green Township School District

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PARENT REQUESTS CONCERNING REMOTE LEARNING

PARENT REQUEST FORM

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 child's placement on or return from full-time remote instruction. Remote instruction shall be provided to your child in accordance with Board Policy 1648.02. Completed forms must be submitted to: the main office. Questions regarding remote learning may be directed to Jon Paul Bollette by email, at jbollette@greenhills.org, or telephone, at 973-300-3800 x 526.

As explained in Board Policy 1648.02, the school district will require a period of at least thirty (30) calendar days to process your request as transitioning a student to or from remote instruction may result in a change in instructional staff and instructional staff support, class schedule, classroom composition and social distancing, personal protective equipment and protective classroom equipment, and student transportation services. If additional time is required before your child can be placed on remote learning or can return to the classroom, your child's building principal will contact you.

Please be sure to provide your contact information below in the event that the school principal requires additional information and so that s/he 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. Please identify whether you are requesting:

- Student's placement on full-time remote learning
- Student's return to the classroom from full-time remote learning

2. 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.*

3. 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.*

4. 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):

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- 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. _____, and the Board’s Policy concerning the Restart and Reopening of Schools due to COVID-19, No. _____.*

Parent’s Signature: _____ **Date:** _____