



**Parent Election of the Remote Option During Periods
of In-Person or Hybrid Instruction**

Student Name: _____

Student's School: _____

Student Address: _____

Parent Name: _____

Parent Phone: _____ Parent Email: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____ Email: _____

Parent attestation:

I, as parent (guardian) of the above-listed student, acknowledge and accept the terms of this parent-option for the remote mode of instructional delivery during periods of in-person or hybrid instruction.

Signed

Date

Please submit completed form to the student's Building Administrator

Parents who wish to discuss technology/connectivity needs should indicate such to the student's Building Administrator, who will make a referral to a District Technology Integrationist.