



## Distance Learning

Please return this form by August 5, 2020 if you plan to participate in the Distance Learning plan after our on-campus classes begin.

My student plans to participate in the Distance Learning Program:

1st Quarter

2nd Quarter

3rd Quarter

All Year

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_