



## Full-Time Remote Home Instruction Request

*Parents/Guardians, please complete the form in its entirety for **Remote Home Instruction**. A form must be completed for each child/student of your household by **Order of the DOE**. This request will not take effect UNTIL you have been contacted by school administration.*

Date: \_\_\_\_\_ School Location: \_\_\_\_\_  
Student's Full Name: \_\_\_\_\_ (Male/Female): \_\_\_\_\_  
Student's Grade: \_\_\_\_\_ Student's Teacher: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), am requesting accommodations for my child(ren) to participate in full-time remote home instruction.

**REQUEST (check all that apply):**

☐ FULL-TIME REMOTE HOME INSTRUCTION (my child will begin home-instruction at start of school)

☐ Voluntary Request: I am making a voluntary request for a Required Remote Learning plan.

☐ Medically Related Request - I will deliver proper documentation from a Board of Medicine-licensed medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my child or of a family member residing within the same home as my child. The documentation must include the name of the person with the significant health condition; the nature of the health condition; written verification of the health condition from the person's physician or licensed health care provider; and whether the person – if other than the child – is a resident of the child's home or caretaker. Completed forms should be mailed to or dropped off at ACCS, 112 S. New York Road, Galloway, NJ 08205

Other reason for Remote Home Instruction Request:

\_\_\_\_\_  
\_\_\_\_\_

Do you feel there is information about your request that should be shared with the school nurse? If yes, please provide specifics below:

\_\_\_\_\_  
\_\_\_\_\_

The District will provide a chromebook for remote learning. Do you have internet access for a chromebook? \_\_\_\_YES / \_\_\_\_NO

In requesting that your child participate in a fully remote learning option, you agree to the following conditions:

1. Technology support to participate in a fully remote learning option will be provided by the district. You are responsible for communicating with the district regarding the functionality of devices and connectivity as a means of your child engaging in virtual activities.
2. You are responsible for ensuring strong lines of communication with your child's virtual teacher, addressing immediate concerns with the teacher first, and contacting the building principal if a concern is not readily resolved. Student schedule will be the same as the hybrid schedule.
3. Breakfast and Lunch are available for purchase through the school district at your determined full/reduced/free rate, and can be picked up from the school on a weekly basis.

By signing my name below, I understand that the district will do its best to accommodate my child's learning needs, but that some learning opportunities must be modified in a remote environment. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team. I understand that in order for my child to continue to participate in mandatory learning, his/her remote attendance will be taken, assessments administered, and grades will be counted toward my child's cumulative grade average. I understand that any devices, technology, or materials given to my child to facilitate remote learning are the property of the district and must be returned in good condition at the end of the remote learning period.

Parent/Guardian Name \_\_\_\_\_ (print) Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Contact Number \_\_\_\_\_