

Virtual Learning Request

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|------------------------------|--|-----------------------|--|
| Student Name | | Grade | |
| Enrolled School | | | |
| Parent/Legal Guardian | | Contact Number | |

I request for my child to receive virtual educational services and instruction, as determined by the Sumter School District, for the **2020-2021** () Fall -- () Spring semester. I understand that my child will remain in virtual learning for the entire semester. Any emergency or unexpected changes in status must be approved by the school principal.

I understand and acknowledge virtual educational services and instruction require that I:

- ensure my child has access to the Internet;
- ensure my child has an undisturbed place to participate in virtual learning;
- ensure my child attends each class session as scheduled; and
- ensure my child submits all assignments before deadlines.

I further understand and acknowledge that it is my responsibility to ensure my child can or has the assistance needed to operate any equipment, supplies, and technology required to fully participate in virtual educational services and instruction.

I understand that my child is expected to complete all assigned work and return it to the teacher in order to receive a grade or credit and to be considered for promotion in accordance with district policy. I further understand that failure to complete assigned work may result in a determination that my child be retained or otherwise not earn credit.

I acknowledge that my child is subject to district policy with regards to grading, promotion, discipline, and any other area relating to the education experience.

I understand that approval of this request will expire at the end of the current semester. I must renew my request for my child to continue virtual learning if both semesters have not been selected above. Otherwise, I understand that my child will be expected to return to onsite instruction or the instructional model being implemented by the district at the end of the semester.

I have read and discussed these expectations with my child.

Parent/Legal Guardian Signature

Date

Principal Signature

Date

*If a form is submitted electronically, the school will call the parent/guardian to verify.

Sumter School District