

DATE RECEIVED: _____

PLEASE NOTE: IT TAKES 3-5 BUSINESS DAYS TO COMPLETE THE APPLICATION PROCESS

BESSEMER CITY SCHOOLS
APPLICATION TO CHANGE INSTRUCTIONAL DELIVERY

INSTRUCTIONAL DELIVERY CHANGE REQUESTS ARE CONSIDERED ON A CASE BY CASE BASIS AND MUST BE APPROVED BY THE BCS SUPERINTENDENT BEFORE ANY CHANGE CAN BE MADE. ONLY ONE INSTRUCTIONAL DELIVERY CHANGE CAN BE MADE PER ACADEMIC YEAR.

PLEASE PRINT

DATE _____

CHILD'S LAST NAME _____ CHILD'S FIRST NAME _____

CHILD'S SCHOOL _____ CHILD'S GRADE _____

CURRENT INSTRUCTIONAL DELIVERY VIRTUAL TRADITIONAL

REQUESTED INSTRUCTIONAL DELIVERY VIRTUAL TRADITIONAL

AS THE PARENT OR GUARDIAN OF THE STUDENT NAMED IN THIS FORM, I AM REQUESTING THAT THE STUDENT'S INSTRUCTIONAL DELIVERY FOR SCHOOL YEAR 2020-2021 BE CHANGED. PLEASE PROVIDE THE REASON FOR YOUR REQUEST ON THE LINES BELOW (YOU MAY USE THE BACK IF NEEDED) AND ATTACH ANY SUPPORTING DOCUMENTATION TO THIS APPLICATION.

PARENT'S NAME _____ PARENT'S PHONE # _____

STREET ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____

PARENT'S EMAIL ADDRESS: _____

PARENT'S SIGNATURE _____

IF REQUESTING FULL TIME VIRTUAL LEARNING, DO YOU HAVE ACCESS TO A RELIABLE DEVICE TO ACCESS VIRTUAL LEARNING?

YES

NO

DO YOU HAVE RELIABLE ACCESS TO THE INTERNET AT HOME AND DO YOU PLAN TO MAINTAIN THAT ACCESS THROUGH THE 2020-2021 SCHOOL YEAR?

YES

NO

I UNDERSTAND THAT THE CHANGE WILL NOT TAKE AFFECT IMMEDIATELY. I WILL BE NOTIFIED OF THE OFFICIAL START DATE FOR THE CHANGE.

YES

NO

PRINCIPAL SIGNATURE

PLEASE DO NOT WRITE BELOW THIS LINE—SUPERINTENDENT ONLY _____

PLEASE CIRCLE: **APPROVED** **DENIED** **DATE:** _____

EFFECTIVE START DATE: _____

DR. AUTUMM JETER, SUPERINTENDENT OF BESSEMER CITY SCHOOLS