



Remote Learning Application

1. Parent/Guardian Contact Information

Name: _____

Address: _____

City/Town: _____

State: _____

ZIP/Postal Code: _____

Email Address: _____

Phone Number: _____

2. Student Information

Name: _____

School: _____

Grade: _____

I am selecting for my student to participate in distance learning for the fall semester of the 2020 school year. I understand by making this choice, my student will be participating in distance learning from August 4, 2020 to January 13, 2021. My student will be required to participate in daily scheduled distance learning sessions during regular school hours. Attendance will be taken during each session daily, and Marion County School's attendance policy will be followed.

_____ Accept

Parent/Guardian Signature

Date