



DALE COUNTY BOARD OF EDUCATION

OFFICE OF BEN BAKER, SUPERINTENDENT

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Remote Learning Enrollment Application 2020-2021

Date: _____

School: _____

Student Information

Last Name: _____ First Name: _____

Address: _____

School Name: _____

Grade: _____ Date of Birth: _____

Student Email: _____ Phone: _____

Parent Information

Last Name: _____ First Name: _____

Parent Email: _____ Phone: _____

Does your child have internet access?

Yes No

Does your child have a computer or device to use for remote learning?

Yes No

What type device does your child have available for remote learning schoolwork?

PC/Desktop Laptop Tablet Chromebook None

Is your child being served by a current special education service?

Yes No If Yes, what type? IEP 504 Gifted

*Remote learners may be eligible for school meals by submitting an application to participate.

*Remote learners will not be eligible to participate in extracurricular activities (athletics, clubs, band, etc.)

*Remote learners may only change learning option at the change of a grading period.

Parent/Guardian Signature or Admin. Verification of Parent Knowledge - _____

FOR OFFICE USE ONLY

Remote Facilitator Assigned: _____ Date given to Facilitator: _____