HOUSTON COUNTY SCHOOLS

2021 SPRING SEMESTER

REMOTE LEARNING REQUEST FORM*

Student Name			-
School	HCMS	○ HCHS	Grade
Name of Parent/Guardian Ma	king Request		
Phone Number Email Address			
Reason for Request:			
○ Health/Safety Concerns	○ Social/Emotion	onal Concerns	Other (please specify below):
How will your child access the	internet to partici	pate in learni	ng?
○ Home internet ○ Comm	unity WiFi access	◯ Family/nei	ghbor internet \(\cap \) Hotspot \(\cap \) No Access
What technology device will y	our student use to	participate ii	n remote learning?
O Personal device	School-issued de	evice (Need to request device from school
Please indicate any individual	ized support your (child will need	d for remote/virtual learning:
○ Individualized Education Plan (IEP)			◯ 504 Plan
O Individual Learning Plan (I	LP) for English Lang	guage Learner	○ None Needed
Has your student made adeque period(s) of remote/virtual leaders	. •	ed the majori	ty of their classes) during any previous
Has your student had five (5) learning? Yes No	or fewer unexcused	d absences du	uring any previous period(s) of remote/virtual
Parent Signature			Date

^{*}Must be submitted with a signed copy of the Remote Learning Compact.