

Participated Remotely Request

Students & Parents: Remote Learning Days must be approved 72 HOURS PRIOR TO the 1st remote learning day or the student will be considered absent.

Student Name:		Grade:	Teacher:
Reason for Participated Remot	tely days:		
Requested Date(s):			
			ading AND iReady Math on the day of the absence submitted within 2 days of the students return.
Parent/Guardian Name	Date		Parent/Guardian Email Address *This will serve as your signature
This section to be completed b	oy Assistant Principal/P	rincipal Only	
	Approval by	/ Principal/Assisto	ant Principal
Principal/AP Signature			Date
	oy HOMEROOM teach	er ONLY:	
	ecord the student's atten		Participated if student completes asynchronous
Please use the space below to re	ent if student does not co	ompiele asymethorio	us lessons/assignments. At the end of the pre-arranged
Please use the space below to re lessons/assignments or circle abs remote days, return this form to c	ent if student does not co	Absent	us lessons/assignments. At the end of the pre-arranged
Please use the space below to re lessons/assignments or circle abs remote days, return this form to c	ent if student does not co our Data Clerk. Participated		us lessons/assignments. At the end of the pre-arranged
Please use the space below to re lessons/assignments or circle abs remote days, return this form to c	ent if student does not co our Data Clerk Participated Participated	Absent	us lessons/assignments. At the end of the pre-arranged
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lessons/assignments or circle abs remote days, return this form to contain the contained by	ent if student does not co our Data Clerk. Participated Participated Participated Participated Participated Participated	Absent Absent Absent Absent Absent Absent	OMath on the day of the absence, by 11:59 p.m.

Date