



**2021 - 2022 APPLICATION FOR DISTANCE LEARNING
DUE TO COVID-19 RELATED ISSUES**

SECTION 1: COMPLETED BY PARENT/GUARDIAN

Student Name: _____ Student ID # _____

Building Location: _____ Grade Level: _____

Address: _____

Parent/Guardian First and Last Name: _____

Phone: _____ Email: _____

For the 2021-22 school year, distance learning will be defined as the delivery of a limited amount of instructional services to the student via technology. The technology platform may be a combination of synchronous and asynchronous instruction and will not be identical to the course offerings afforded to those students who are accessing in-person instruction. In order to qualify for distance learning, the following guidelines have been established:

1. Eligibility for distance learning is based on current documentation from a primary health care provider (physician, nurse practitioner, physician assistant) of a student's increased risk of severe illness, a student's special health care needs, or a student's status of living with a person who is at risk that makes in-person learning contraindicated.
2. Students approved for distance learning will not be allowed to participate in clubs, sports, music, extra-curricular events, or end of year activities on an in person basis.
3. The student's temporary relocation to another community, state, or country is not a qualifying factor for distance learning.
4. Students qualifying for distance learning are not entitled to compensatory services when they return to in-person instruction.
5. Not all classes within the course catalog will be available to students who qualify for distance learning.
6. Students approved for distance learning will be required to have their camera turned on during instruction.
7. The teacher assigned for elementary distance learning likely will not be from the student's home school and may be changed if learning methods or class groupings are altered.
8. The request for distance learning will be reviewed by a District level team and additional documentation may be requested to substantiate the request.
9. The approval for distance learning will span one semester, after which time the request will need to be resubmitted or in-person instruction will commence. Requests for first semester consideration must be submitted by June 4, 2021. Requests for second semester consideration must be submitted by October 22, 2021. Requests outside of the aforementioned dates will be considered on a case by case basis.

I hereby request that my student receive remote instruction in lieu of in-person learning in accordance with the guidelines above. I recognize and accept these guidelines as part of my student's remote instruction. I certify that my student will reside at the home address provided above for the duration of remote instruction.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

SECTION 2: COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT (PA) OR ADVANCED PRACTICE REGISTERED NURSE (APRN)

Date of most recent medical examination: _____

Has the student, if eligible, been vaccinated for COVID-19? (circle one) Yes No
If no, what is the reason the student has not been vaccinated? _____

Please check if any of the following apply:

- Student has a medical condition that places him/her at increased risk of serious illness.
- Student has special healthcare needs.
- Student lives with person/people at increased risk of serious illness.

If this box is checked, please provide the individual's full name and relationship to the student.

Name of Individual

Relationship to Student

Has this person, if eligible, been vaccinated for COVID-19? Yes No
If no, what is the reason this person has not been vaccinated? _____

Describe medical condition(s) that precludes the student's ability to return to in-person instruction (e.g., condition leading to increased risk of serious illness or special health care need): _____

Anticipated duration of the student's need for remote instruction (please check one):

- First Semester (8/19/21 - 1/14/22) Entire School Year (8/19/21 - 6/9/22) **MUST RESUBMIT APPLICATION BY 10/22/21**

Other information, if applicable (including accommodations that could facilitate the student's return to in-person instruction): _____

Physician's Name: _____ License # _____

Physician's Specialty (area of practice): _____

Phone: _____ Email: _____

Hospital Affiliation: _____

Physician's Signature: _____ Date: _____

Please attach supporting documentation for this request, including relevant student medical information only.

Please return this form to 204distancelearning@ipsd.org by June 4, 2021.

SECTION 3: SCHOOL DISTRICT USE ONLY

Form received by: _____ Date: _____

Your request will be reviewed and you will be contacted when a decision is made on your application.