



Winterset CSD - Remote Learning - Parent Request Form

WCSD Remote Learning Parent Request Form

WCSD parents and/or guardians need to complete this form in order to request an online learning plan for their student provided by the district. All students requesting online learning will be enrolled in a WCSD online learning program for at least 1 term/quarter at a time (9 weeks at a time). Prior to the end of each 9 week term/quarter parents will be asked to indicate their desire to continue with online learning or return to onsite learning for the next 9 week term/quarter.

Please complete one form for each student for which you are requesting an online learning plan.

Student Name: _____

Student Grade: _____

Attendance Center: _____

Parent/Guardian: _____

Parent/Guardian Email: _____

Please place an "X" next to the situation that most closely describes why you are requesting online learning for your child(ren).

_____ Medically Related Request: I will deliver proper documentation from an Iowa Board of Medicine-licensed medical professional confirming that remote learning is medically necessary due to the vulnerable health condition of my child or of a family member residing within the same home as my child. The documentation must include the name of the person with the significant health condition; the nature of the health condition; written verification of the health condition from the person's physician or licensed health care provider; and whether the person - if other than the child - is a resident of the child's home or caretaker. **Completed forms should be mailed to or dropped off at Winterset Community School District Office % Justin Gross, Superintendent, 303 Wambold Drive, Winterset, IA 50273**



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_____ Voluntary Request: I am requesting remote online learning for my child for reasons other than an underlying health condition as outlined above.

I understand that the district will do their utmost to accommodate my child's learning needs, but that some learning opportunities may need to be modified in a remote environment. The provision of special education and accommodations for students who have individualized education programs (IEPs) or Section 504 plans will be determined by each respective IEP or Section 504 team.

I understand that in order for my child to continue to participate in remote online learning, his/her remote attendance will be taken, assessments administered, and grades will be counted toward my child's cumulative grade average. I understand that if my child's attendance and/or course completion rate falls behind the guidelines established by their building administrator my child will be considered truant and as such may be referred to the county attorney. I understand that any devices, technology, or materials given to my child to facilitate remote learning are the property of the district and must be returned at the end of the remote learning period.

I am requesting remote learning opportunities for term 4/quarter 4.

_____(Parent/Guardian)

_____(Date)

Request approved by:

_____(School official)

_____(Date)

I _____ do _____ do not have access to the internet

I _____ will _____ will not need a computer