



---

# LESTER C. NOECKER SCHOOL

## ROSELAND SCHOOL DISTRICT

---

### Parent Selection of Remote Learning.

*Please complete 1 form for each child for whom you are making a request. Thank you!*

Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Please complete the form in its entirety to **request remote instruction** for your child. Questions regarding remote learning may be directed to [Mr. Raul Sandoval, Principal](#) or [Ms. Deanne Somers, Superintendent](#). Special education related questions may be directed to [Mr. Rich Celebre, Supervisor of Special Services](#) or your child's case manager.

In order for your child to participate in the **remote learning only option**, complete this form in its entirety and email to [Mrs. Robi Dallow](#), *Administrative Assistant to the Principal*.

The school district may require up to thirty calendar (30) days to process your request as it may necessitate a change in instructional staff, instructional staff support, educational technology, class lists, transportation, and student schedules. If additional time is required due to the above, Mr. Sandoval, our principal will contact you.

Please be aware that reentry from Remote Learning **will impact** your child's schedule and teacher assignment based on classroom availability due to social distancing and other health and safety measures.

**ALL students have the option for remote learning only. The below assist us in scheduling and accommodating individual services.**

#### 1. Special Services Only:

Does your child have an Individualized Education Program ("IEP") or 504 Plan?

- Yes (please identify your child's case manager \_\_\_\_\_ )
- No (Please know that a student's return from or placement on full-time remote instruction will require an amendment to the IEP or 504 Plan.)

**2. Are you eligible for student transportation services for the 2020-2021 School year?**

- Yes (Requests for full-time remote instruction will result in the termination of your child's school transportation services.)
- No

**3. Please select the services\* you are requesting (and for which you are eligible) to be provided entirely remotely (select all that apply):**

- Instruction** (includes general and special education);
- Related services such as Speech/OT/PT (identify): \_\_\_\_\_
- BSI/I&RS/504/G&T (identify): \_\_\_\_\_

\*The services that you have not selected will be provided in-school and in accordance with your child's current schedule. You will be responsible for transporting your child to and from school for these services, at the designated times and days.

Parents are reminded that they are to adhere to the Board's Policy concerning the Restart and Reopening of Schools due to COVID-19, No. 1648 and Remote Learning No. 1648.02.

Remote learning will follow the school's schedule (AM or PM Sessions for K-2 and A Day/B Day for grades 3-6). All students will be assigned a session or day for live instruction.

Please be sure to provide your contact information below in the event that the school staff requires additional information and so that s/he can keep you informed on the status of your child's transition to remote learning.

Parent's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_