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# LESTER C. NOECKER SCHOOL

## ROSELAND SCHOOL DISTRICT

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### **Parent Request to Return from 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 answer the form in its entirety to request to conclude remote instruction for your child. Questions 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.

**Regarding your child's return from remote instruction**, in accordance with Board Policy #6173.1, your completed request must be submitted to [Mrs. Robi Dallow, Administrative Assistant to the Principal](#).

Please be aware that the school district may require a period of up to thirty (30) calendar days to process your request as transitioning a student to or from remote instruction may result in a change in instructional staff and instructional staff support, class schedule, classroom composition and social distancing, personal protective equipment and protective classroom equipment, and student transportation services. If additional time is required before your child can reenter from remote learning, your child's school principal will contact you.

Please be aware that returning from remote learning will likely impact your child's schedule and teacher assignment based on classroom availability due to social distancing and other health and safety measures.

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 from remote learning.

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

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

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

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