## **REQUEST FOR REMOTE LEARNING FORM**

Doto

Date	
Student Name:	Attendance Center:
Parent/Guardian:	
child,(Stud the duration of the declared public emergen	Guardian) am requesting accommodation for my lent Name) to participate in remote learning opportunities for acy, or until I have determined my child can safely return to gnated attendance center, whichever occurs first.
	from an Iowa Board of Medicine-licensed medical g is medically necessary due to the vulnerable health condition within the same home as my child.
some learning opportunities may need to be	tmost to accommodate my child's learning needs, but that a modified in a remote environment. The provision of special is who have individualized education programs (IEPs) or in the respective IEP or Section 504 team.
attendance will be taken, assessments admit cumulative grade average. I understand tha	ontinue to participate in mandatory learning, his/her remote nistered, and grades will be counted toward my child's at any devices, technology, or materials given to my child to f the district and must be returned at the end of the remote
I am requesting that remote learning oppor [(date) or the declared pub	tunities begin on (date) and continue until lic emergency is dismissed].
(Parent/Guardian)	(Date)
Request approved by:	(School official)
(Date)	

Note: This form is to be utilized by parents/guardians of a student who, during the course of a declared public emergency, believe that further attendance by the student at traditional in person school would be detrimental to the health or safety of the student or the student's family member residing with the student. This form is not necessary when the school building is closed to traditional in person learning and remote learning opportunities are already available to students. It is only to be utilized during a public emergency declared by state or local officials when traditional in person learning continues to be held.