

**APPLICATION FOR FULL-TIME REMOTE LEARNING INSTRUCTION**  
**2021-2022 SCHOOL YEAR**

In light of the COVID-19 pandemic, as required by Illinois State Board of Education the District will continue to offer a remote learning option for the 2021-2022 school year for students who are medically at-risk, are in a household with a medically at-risk person, and/or the student presents repeated other health and safety risks as determined by the District such as repeated refusal to comply with social distancing or mask wearing requirements.

In order for your student to be considered for full-time remote learning for the 2021-2022 school year, this form must be completed and submitted by June 15, 2021. The District will review this application and make a determination regarding approval or denial by July 1, 2021.

All approved requests for full-time remote instruction will apply for the first semester of 2021-2022, and families must recertify/resubmit this application by December 1, 2021 in order to continue remote learning for the second semester of 2021-2022. If a student or household member's medical condition changes during the school year, contact the school principal.

Additionally:

- The District reserves the right to revoke approval of full-time remote learning instruction for any reason.\*
- The District reserves the right to require recertification of any medical documentation during the school year.
- The District reserves the right to assign any student to full-time remote learning instruction if a student presents repeated other health and safety risks such as repeated refusal to comply with social distancing or mask wearing requirements.\*

\*See process for invoking or revoking remote learning on page four.

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Name of Student

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Date of Birth

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Phone Number

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School (21-22)

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Grade (21-22)

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Address

I, Parent/Guardian of the above-named student, request full-time remote learning instruction for my student for the 2021-2022 school year because I do not wish for my student to attend school in-person due to the COVID-19 pandemic. The reason for my request is indicated on page two (2).

Please return this completed form to your student's school by June 15, 2021. The District will review the information submitted and contact by July 1, 2021 to inform of the status of your student's application.

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Signature of Parent/Guardian

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Date

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Phone Number

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Printed Name of Parent/Guardian

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Address

Select and complete at least one of the following two options and provide requested documentation as well as any other pertinent information. For Option 1, the Consent for Release must be signed in order to be given fullest consideration by the District. All documentation and information must be submitted with this application by June 15, 2021 (for first semester consideration) and recertified/resubmitted by December 1, 2021 (for second semester consideration).

**I. STUDENT IS MEDICALLY AT RISK  
TO BE COMPLETED BY THE STUDENT’S QUALIFIED HEALTHCARE PROVIDER.**

Diagnosis and/or Description of Medical Condition Preventing the Student from Attending School In-Person:

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Impact Student’s Medical Condition Has on Student’s Ability to Attend School In-Person:

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Any Additional Relevant Information on the Diagnosed Medical Condition (optional):

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Signature of Qualified Healthcare Provider

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Date

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Phone Number

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Printed Name of Qualified Healthcare Provider

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Address

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**CONSENT FOR RELEASE-TO BE SIGNED BY STUDENT’S PARENT OR GUARDIAN**

I authorize the District and the Qualified Health Care Provider listed above to mutually exchange information, including conversations, concerning my student’s medical condition and the impact of such on my student’s compliance with the District’s face covering policy.

This authorization is valid until JUNE 1, 2022 unless otherwise revoked in writing. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I understand that my revocation of this authorization will not be effective for actions taken by the school district or the designated individual/agency in reliance upon my authorization and prior to notice of my revocation. I understand that failing to authorize disclosure of information may impact the District’s ability to grant my request for reasonable accommodations. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act and the Illinois School Student Records Act. I also understand that if I refuse to sign, such refusal will not interfere with my child’s ability to obtain a free appropriate public education.

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Signature of Parent/Guardian

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Date

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Printed Parent/Guardian Name

**II. HOUSEHOLD MEMBER IS MEDICALLY AT RISK  
TO BE COMPLETED BY THE HOUSEHOLD MEMBER'S QUALIFIED HEALTHCARE PROVIDER.**

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Name of Household Member

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Phone Number

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Relationship of Household Member to Student

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Address

Diagnosis and/or Description of Medical Condition of the Household Member Preventing the Student from Attending School In-Person:

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Impact Household Member's Medical Condition Has on Student's Ability to Attend School In-Person:

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Any Additional Relevant Information on the Diagnosed Medical Condition of the Household Member (optional):

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Signature of Qualified Healthcare Provider

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Date

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Phone Number

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Printed Name of Qualified Healthcare Provider

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Address

District Process for Invoking or Revoking Remote Learning

1. Contact parent/guardian to specifically state the concern, and that if the specific concern continues, the student may be placed on remote learning or required to return to in-person learning. Inform the parent/guardian that they may request a meeting with school staff to discuss this concern in greater detail. Concern is:
  - a. Attendance
  - b. Work completion / course failure
  - c. Non Compliance with Mask
  - d. Non Compliance with Social Distancing
  - e. Other

Date of Contact:

Method of Contact:

2. Contact parent/guardian to specifically state the concern, and that if the specific concern continues, the student may be placed on remote learning or required to return to in-person learning. Indicate that this is at least the second contact related to the concern in #1 (above). Inform the parent/guardian that they may request a meeting with school staff to discuss this concern in greater detail.

Date of Contact:

Method of Contact:

- Follow-up letter to parent/guardian via US mail.
- Copy of Follow-up letter to parent/guardian to student file.

3. Contact parent/guardian to specifically state the concern, and that if the specific concern continues, the student is being placed on remote learning or is being required to return to in-person learning. Indicate that this is at least the third contact related to the concern in #1/#2 (above). Inform the parent/guardian that they may request a meeting with school staff to review this decision.

- For revoking remote learning, the parent/guardian will have at least five school days' notice in order to meet with school staff to review this decision and make arrangements for returning the student to school.
- For invoking remote learning, the requirement to begin remote learning may be immediate due to the repeated health and safety risk presented by the student. The parent/guardian will have five school days to request a review of this decision.

Date of Contact:

Method of Contact:

- Follow-up letter to parent/guardian via US mail.
- Copy of Follow-up letter to parent/guardian to student file.
- Copy of Follow-up letter to Superintendent and Director of Special Education.