

Remote Instruction Application

Student Name: _____ **Date of Birth:** ____/____/____

School Of Attendance In The 2021-2022 School Year: _____

Grade Level In The 2021-2022 School Year: _____

I, the Parent/Guardian of the above-named student, acknowledge that I have reviewed the District's Home and Hospital Instruction Policy 6:150 and I request remote instruction for my student for the 2021-2022 school year for the reason(s) outlined below [check all that apply]:

____ My student has a health condition that causes him/her to be at higher risk of severe illness if exposed to COVID-19 and therefore he/she cannot attend school in person. (Student diagnosis information must be completed by the healthcare professional).

____ My student lives with an individual(s) who has a health condition that causes him/her to be at higher risk of severe illness if exposed to COVID-19 and therefore my student cannot attend school in person. (Diagnosis information must be completed by the healthcare professional).

Signature of Parent/Guardian

Date

TO BE COMPLETED BY A LICENSED HEALTHCARE PROFESSIONAL

Physical Health Diagnosis:

Mental/Emotional Health Diagnosis:

Other Diagnosis/Information:

Based upon your assessment, does the student's health condition(s) listed above cause him/her to be at higher risk of severe illness if exposed to COVID-19 and therefore he/she is unable to attend school in person? (check one)

Yes: _____

No: _____

Name of Student's Licensed Healthcare Provider

Date

Original Signature of Student's Licensed Healthcare Provider

Office Phone Number

--or--

Name of Household Member's Licensed Healthcare Provider

Date

Original Signature of Household Member's Licensed
Healthcare Provider

Office Phone Number