

**Remote-Only Academic Instruction Option**

Parents have the option to elect **remote-only academics** for the entire 2nd semester. Please complete this form if you choose remote-only academic instruction. **Return to** **mrennie@lcjvs.net** **no later than December 11, 2020**.

Please initial to indicate that you have read and understand each statement:

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|  | **I elect remote-only academic instruction for my child** |
| **Student Name (First and Last):** |
|  | **I understand this choice is for the entire Second Semester.** |
|  | **I understand my child must be present face-to-face for their career-technical program.** |
|  | **I understand academic instruction may be delivered by a JVS Instructor or via an outside service.** |
|  | **I understand elective courses will not be offered remotely.** |
|  | **I understand my student cannot be in the school building during the academic periods assigned****to their cohort.** |
|  | **I understand transportation may not be offered for my child.** |

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| **Printed Name of Child** | **Printed Name of Parent/Guardian** |

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|  |  |
| **Date** | **Signature of Parent/Guardian** |