



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:

	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.

Printed Name of Child	Printed Name of Parent/Guardian

Date	Signature of Parent/Guardian