



Remote Learning Parent/Guardian Request (Form A)

Student: _____ MSIS number: _____

School: _____ Grade: _____

Parent/Guardian: _____ Email: _____

Student Address: _____ Home/Cell Phone: _____

Does the student have a current IEP? _____

Remote Learning is a year-long program intended for students diagnosed with a medical condition which prevents normal school attendance due to a compromised immune system. Students enrolled in Remote Learning may participate in school sponsored extra-curricular activities where virtual participation is feasible. Remote Learners may not participate in non-academic activities such as field trips. If the student's medical condition improves allowing the student to return to school, a medical clearance form must be submitted to remote@madison-schools.com. If approved, the transition back to the school may only occur at the end of a nine-week grading period.

***Acknowledgement/Release:** I acknowledge this is a request for Remote Learning. I further acknowledge that the determination to participate in Remote Learning shall be determined by a committee comprised of District level employees.

* By my signature, I authorize the release and exchange of medical information between the health care provider, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which Remote Learning is being requested. This authorization may be withdrawn at any time in writing.

*I understand that not all classes/courses are suitable for Remote Learning. Remote Learning may hinder the earning of credits or delay graduation. All courses required for graduation may not be offered through Remote Learning.

* A statement of medical clearance will be required for the student to return to school.

*The following documentation must be submitted for the student to be considered for Remote Learning:

- **Parent/Guardian Request for Remote Learning (Form A):** completed and signed by parent/guardian
- **Medical Certification of Need (Form B):** completed by licensed physician

Submit all documentation and any questions you might have via email to remote@madison-schools.com. All documentation must be submitted no later than July 7, 2021.

Signature of Parent/Guardian

Date