



Jackson County School District
 COVID-19 Distance Learning Application
 2020-2021

Student Name: _____ School: _____

Grade: _____ DOB: _____

School Attended Last Year: _____

Please check the term you are requesting for distance learning (Choose One):

_____ 2nd 9 Weeks _____ 3rd 9 Weeks _____ 4th 9 Weeks

Distance Learning Format: _____ Virtual

— (Initial) **Must have internet with Wi-Fi capable of streaming videos**

— (Initial) **Must check out a Chromebook from the school**

Check all that apply to your student:

_____ Special Education (IEP)

_____ Speech Services

_____ 504 Plan

_____ English Language Learner (ELL)

_____ WINGS program (Gifted)

_____ TST Interventions If checked, which Tier? _____ Tier 2 _____ Tier 3

Parent Name: _____ Telephone Number: _____

Email Address: _____

Documented medical condition of student or household member:

_____ Critical CONGENITAL (not congestive) heart disease
 Type: _____

_____ Organ transplant

_____ Condition requiring active dialysis

_____ Cancer requiring active chemotherapy

_____ Lung disease, such as Cystic Fibrosis

Attach JCSD COVID-19 Distance Learning Medical Consent Form signed by a physician.

I agree that this information is true to the best of my knowledge. I understand that the distance learning option for my child may be discontinued at the discretion of the school district. I understand that I must re-apply each term.

 Parent/Guardian Signature Date

 Principal Signature Date

 Assistant Superintendent Signature Date

Office use only:

Date application with documentation signed by a physician was received: _____

Chromebook Asset Number: _____

Textbooks Issued: _____