



Jackson County School District
K – 8th Grades
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:

_____ **1st 9 Weeks** _____ **2nd 9 Weeks** _____ **3rd 9 Weeks** _____ **4th 9 Weeks**

Distance Learning Format: _____ **Virtual**

- **Must have internet with Wi-Fi capable of streaming videos**
- **Must check out a Chromebook from the school**

_____ **Paper Packet**

Check all that apply to your student:

_____ **Special Education (IEP)**

_____ **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: _____

Justification for requesting distance learning:

I agree that this information is true to the best of my knowledge.

Parent Signature

Date

Office use only:

Date justification was received: _____

Chromebook Asset Number: _____

Principal Signature

Date

Assistant Superintendent Signature

Date