

Learning Environment Change Request Form - Elementary

Student Name: _____ **ID:** _____

Campus: _____ **Grade:** _____

What is your child's current learning platform?

- ☐ My child attends school in-person
- ☐ My child attends school virtually (online)

I want my child to begin taking classes

- ☐ In person at school – I understand my child is expected to attend all classes in person, every day.
- ☐ Virtually (online) – I understand my child will be taking my classes online from home and will be expected to participate and submit assignments online.

I am requesting this change for my child because:

Is your child currently participating any of the following?

Special Education
504
ELL
Dyslexia

Does your child currently ride the bus to/from school? YES NO

Will he/she need transportation to/from school? YES NO

If you are requesting virtual learning, does your child have a device (Computer, iPad, etc.) to use at home for their classes? YES NO

If you are requesting virtual learning, does your child have internet access at home?
YES NO

Parent Acknowledgment:

I understand requesting a change in my child's learning environment may take a few days to process. The attendance secretary at my child's campus will tell me the date my change will become effective, and I understand my child is required to complete coursework during the transition.

I understand changing my child's learning environment may cause a change in my child's teacher. Specifically, my child may be assigned to a different teacher.

If my child is receiving services through special education, I understand an ARD meeting must be held before a change in learning environment can be implemented.

If my child is a virtual learner, he/she must log into his/her classes **each school day** and submit assignments and take exams online by the due dates defined by the teacher.

If my child is attending school in-person, I understand he/she is expected to attend **each class as scheduled every day**.

Name of Parent Submitting this Request

Date

Parent Signature

Date

Attendance Staff Signature

Date

*****FOR OFFICE USE ONLY*****

Effective Date for Change:

Attendance Staff:

Notification to teachers, AP, and special program staff sent on: _____ (Date)