



REQUEST FOR SPECIAL CONSIDERATION COVID-19 ONLINE SCHOOL 2020-2021

Students attending the Online School will attend on a full-time basis with the goal of completing the appropriate grade level competencies. A distance learning model will be used which may require parent support, as appropriate.

SECTION A: *This section is to be completed by the parent/guardian and submitted to the school principal with appropriate documentation.*

STUDENT'S NAME:	SCHOOL :
PERM. CODE:	PRESENT GRADE LEVEL:
PARENT/GUARDIAN NAME:	PROGRAM:
ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	

REASON FOR REQUEST:

Students who have a health condition that makes them vulnerable due to COVID-19 may be exempt from the compulsory physical attendance by providing a medical note that states that the student can not attend school due to the pandemic. Students living in the same household as an individual who has a health condition that makes that person vulnerable due to COVID-19 may also be exempt.

The basis of this request is: VULNERABLE STUDENT VULNERABLE HOUSEHOLD MEMBER (PROOF OF RESIDENCY REQUIRED)

Additional information:

- I understand that this request is valid for the 2020-2021 school year only.
- I acknowledge that, if my circumstances change and I elect to have my child return to school, the LBPSB can not guarantee placement in their home school for the current academic year.

Included:

- MEDICAL NOTE
- PROOF OF RESIDENCY (IF HOUSEHOLD MEMBER)

_____ DATE:
PARENT/GUARDIAN

SECTION B: *This section is to be completed by the school.*

ACADEMIC PROFILE:

Student has an IEP: No YES (IF YES, PLEASE PROVIDE A COPY OF THE MOST RECENT/UPDATED VERSION)

Student is currently functioning at grade level: NO YES

Student is on a modified program: NO YES (IF YES, SPECIFY SN CODE: _____)

Additional information:

_____ DATE:
SCHOOL ADMINISTRATOR