



Newark Community High School
District No. 18

413 CHICAGO RD., NEWARK, IL 60541
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Dr. Edward A. Boswell, Superintendent
James Still, Principal

REQUEST FOR FULL-TIME REMOTE LEARNING OPTION FOR SECOND SEMESTER 20-21
MEDICAL REASON – DOCUMENT

***In order to be considered for remote instruction, this form must be submitted on or before**
Friday, March 15, 2021

In light of the COVID-19 pandemic, the District has developed a full-time remote learning option for students with health conditions that cause them to be at higher risk of severe illness if exposed to COVID-19 or for students who live with an individual who has a health condition causing them to be at higher risk of severe illness if exposed to COVID-19. The District will consider requests for full-time remote instruction on a case by case basis. Any instructional days for approved full-time remote learning instruction will count as regular attendance days for the student. All approved requests for full-time remote instruction will apply for the duration of the semester, without the option to request to transition to in-person instruction until the next semester.

Name of Student: _____ **Date of Birth:** _____

School: _____ **Grade Level:** _____

I, Parent/Guardian of the above-named student, acknowledge that I have reviewed the District’s full-time remote learning plan for 4th Quarter and I request full-time remote learning instruction for my student for at least the next 9 weeks of the 2020/2021 school year for the reason(s) outlined below [check all that apply]:

_____ **My student has a health condition that causes him/her to be at higher risk of severe illness if exposed to COVID-19.**

If selecting this option, please check one of the following:

- _____ Medical documentation from student’s physician is attached.
- _____ Documented health or disability related condition is already contained in the student’s education file at the District.

_____ **My student lives with an individual(s) who has a health condition that causes him/her to be at higher risk of severe illness if exposed to COVID-19.**

If selecting this option, please attach the following:

Medical documentation from household member’s physician.

Please return this completed form to Mr. Jim Still, Principal or Dr. Edward Boswell, Superintendent. The District will review the information submitted and contact you regarding fall instruction, or for any additional information required to process this request.

Signature of Parent/Guardian

Date