

Schoharie Central School District

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IN THE PURSUIT OF EXCELLENCE

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July 30, 2020

Dear Families of Schoharie Central School District:

The district, as a part of our reopening plan, is allowing families who are concerned about their child(ren) returning to in-person learning to opt out and attend school virtually on a quarterly basis.

Students would participate in their schedule virtually, joining instruction as it occurs live in the classroom. Students will be subject to the same attendance and participation requirements of attending in person learning. Students will require use of their district Chromebook (if assigned) and a reliable internet connection in order to be able to participate in virtual learning. The district may be able to assist families with device (chromebook) or internet needs on a first-come first-served basis. **By completing the form below, you are informing the district of your choice to have your child attend school virtually for the first quarter of the school year.** Assuming our instructional model continues in a similar manner, the opt out could be renewed or changed on a quarterly basis. **If this form is not returned by August 14, 2020, the district will schedule your child(ren) for in-person learning this fall.**

Please return this form by August 14, 2020 for each child in your household

I would like my child _____, D.O.B. _____, Grade _____ to participate in instruction virtually.

YES

I understand that my child will follow their regular school schedule and will need a device and reliable internet connection in order to participate in virtual learning. This opt-out is for the 1st quarter of the 2020-21 school year and may be renewed or changed on a quarterly basis.

I would like to be considered for the following (if available)

- District Device (Chromebook)
- Internet Device (Mifi or hotspot)

Additional Children (if applicable):

Name _____ D.O.B. _____ Grade _____

Name _____ D.O.B. _____ Grade _____

Name _____ D.O.B. _____ Grade _____

Name _____ D.O.B. _____ Grade _____

Name _____ D.O.B. _____ Grade _____

Parent / Guardian Signature

If you have any additional questions or concerns please contact your child's school main office.
Thank you for taking the time to review and complete this form.

Thank you,

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