## Schoharie Central School District

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IN THE PURSUIT OF EXCELLENCE

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## Dear Jr./Sr. High School Families:

As we communicated in August 2020, families will be able to choose between our in-person learning model and a full remote option at specific points during the year. For the Jr./Sr. High School, this will be done on a quarterly basis. For the Elementary School, this will be done for each trimester.

Our goal at Schoharie CSD was to always have as many students as possible learning on-site. In order to do this and do it in accordance with CDC and New York State guidelines, as well as our Reopening Plan, we need to know well in advance of the start of the next quarter how many students will be learning in-person. This allows us to control student and staff density in order to conduct successful social distancing, which is a key element of safety in our Reopening Plan. Because of the amount of time and effort that goes into planning our daily routine, we now need to know your preference. Although our third quarter ends on April 16th, we need several weeks to plan for the start of the fourth quarter.

We are asking families to reflect on their student's learning experience so far this year and their own unique family situations and decide what will be best for their student for next quarter.

By completing the form below, you are informing the district of your choice to have your child attend school virtually for the fourth quarter of the school year or return from virtual learning to in-person learning for quarter four. If this form is not returned by Thursday, April 1, 2021, your child will remain in their current learning model.

		, 2021 for each child in y form will be sent for the E	
I would like my child		. D.O.B.	. Grade
I would like my child to transition from virtual lea	arning to in-person in	struction for quarter four.	,
· YES			
I would like my child to participate in instruction	virtually.	, D.O.B	, Grade
· YES			
I understand that my child reliable internet connection quarter of the 2020-21 sch	n in order to participa	ar school schedule and wil te in virtual learning. This	
I would like to be considered	ed for the following (i	f available)	
<ul><li>District Device</li><li>Internet Device</li></ul>	(Chromebook) (Mifi or hotspot)		
Additional Children (if appl	icable):		
Name	D.O.B	Grade	
Name	D.O.B	Grade	
Name	D.O.B	Grade	
	_		
Parent / Guardian Signatu	re		
If you have any additional Thank you for taking the ti		ns, please contact your chil mplete this form.	d's school main office.
Thank you,			
David M. Blanchard			

Superintendent of Schools Schoharie Central School District dblanchard@schoharieschools.org