State of Hawai‘i

KALIHI WAENA ELEMENTARY SCHOOL

DISTANCE LEARNING OPT-IN FORM Semester 2

STUDENT _____ Student I.D. No. _____
Last First Middle

Address _____ Phone _____
Street City Zip

School KALIHI WAENA Complex Area: FARRINGTON Grade _____ Room Number _____

I hereby request that the above-named child participate in Distance Learning for the remainder of the school year 2020-2021.

I have talked with the school administration and understand the following expectations.

Distance Learning Expectations:

- I will follow the school's learning plan for my child.
- I will work with the school to obtain the technology needed for online learning.
- If the school requests, I will arrange to pick up and drop off work and resources.
- I must commit to ONLINE learning for the remainder of the school year.
- I will be responsible to ensure my child is following the school schedule and logging into daily lessons.
- I will ensure my child meets all timelines for turning in work.
- I will work with the school to ensure my child is available for any required assessments, as needed by the school.
- I understand that if my child is a child with a disability when the school environment is determined by my child's IEP to be the least restrictive environment (LRE) for learning for my child, by choosing distance learning in the home environment, I fully understand that the school may not be able to fully implement my child's IEP and/or my child's LRE. Under the circumstances, an alternative Learning Plan will be developed for the home environment.
- I understand that schools will provide the English language development supports necessary to students who are identified as English Learners to equitably access school.

By signing this form, I agree to abide by the expectations listed above.

Father/Guardian

_____ _____ _____
(print or type name) Signature Date

Mother/Guardian

_____ _____ _____
(print or type name) Signature Date

Approval (Original sent to parents and copy filed at the school of record.)

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Principal	Complex Area Superintendent
____ Approval Recommended ____ Approval Not Recommended Reason: _____ ____ Acknowledged	____ Approval Recommended ____ Approval Not Recommended Reason: _____ ____ Acknowledged
Signature	Signature
Date	Date