



2nd Quarter VIRTUAL TO IN-PERSON or IN-PERSON TO VIRTUAL INSTRUCTION

PLEASE PRINT CLEARLY

Please complete this form if you wish to move your child from virtual to in-person instruction or in-person to virtual instruction. **If your child is virtual and you wish to remain virtual, there is no need to complete a form.**

STUDENT INFORMATION

Date of Request _____ School Name _____

Last Name _____ First Name: _____ Middle Initial: _____

Address _____ Apt # _____ City _____ Zip Code _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____

Parent/Guardian's Email Address _____

Primary Phone Number (_____) _____ Emergency Phone Number (_____) _____
Area Code Area Code

PART A

COMPLETE IF YOU WISH TO MOVE YOUR CHILD FROM VIRTUAL JEFFERSON TO IN-PERSON INSTRUCTION

I would like to enroll my child into
in-person at-school instruction

PARENT/GUARDIAN MUST INITIAL ON EACH LINE BELOW ACKNOWLEDGING UNDERSTANDING AND COMPLIANCE

____ I understand my child must attend school on all assigned days

____ I understand my child must wear a face covering every day

____ I understand my child will be required to submit to a temperature
check every day

PART B

COMPLETE IF YOU WISH TO MOVE YOUR CHILD FROM IN-PERSON TO VIRTUAL INSTRUCTION

I would like to enroll my child
into *Virtual Jefferson*

My child has access to
his/her own device at home

YES NO

My child has internet access
at home

YES NO

PARENT/GUARDIAN MUST INITIAL ON EACH LINE BELOW ACKNOWLEDGING UNDERSTANDING AND COMPLIANCE

____ I understand attendance to virtual class is mandatory

____ I understand student work, participation, and tests are graded
and recorded in JCampus

____ I understand I must sign the virtual learning code
of conduct acknowledgment form

____ I understand the Procedures and Policies for Parents and Students
applies to virtual learning as well as in-person learning.

Parent/Guardian's Signature _____