



**4TH 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**

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

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

_____ 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**

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

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

_____ 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.

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

YES NO

My child has internet access
at home

YES NO

Parent/Guardian's Signature _____