



**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**

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

My child has internet access at home

YES NO

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 _____