

JEFFERSON PARISH SCHOOLS

SCHOOL INSTRUCTIONAL MODEL CHANGE REQUEST

Date of Request: _____

I would like to Enter Virtual Jefferson
 Exit Virtual Jefferson

Student Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Age: _____ Grade:* _____

Parent/ Guardian Last Name: _____ First Name: _____

Address: _____ Apt #: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Home Cell E-Mail Address: _____

School: _____

Regular Education Special Education Exceptionality: _____

Explain Your Reason for Requesting Entrance to or Exit from Virtual Jefferson prior to the end of the nine-week commitment.

The Following Items Must Be Attached To Your Submission:

- Parent Identification

In addition, you may attach any supporting documentation that supports your reason(s) for Entrance to or Exit from Virtual Jefferson prior to the end of the nine-week commitment.

'HIGH SCHOOL STUDENTS AND PARENTS PLEASE BE AWARE THAT WITHDRAWING FROM VIRTUAL JEFFERSON PRIOR TO THE END OF THE NINE-WEEKS MAY RESULT IN PARTIAL OR NO CREDIT BEING EARNED IN ENROLLED COURSES.'

If requesting Entrance into Virtual Jefferson, please answer the following:

- My child has access to his/her own device Yes No
- My child has internet access Yes No

Parent/ Guardian Signature: _____ Date: _____

Office Use Only

2020-2021 School

Approved
 Denied

Reason(s) For Denial: _____

School Counselor Signature _____ Date _____

Principal/Designee _____ Date _____

Chief of District Affairs Signature/Designee _____ Date _____