2020-2021 School Year

# Remote Learning Assurances

## Parent/Legal Guardian

Whenever USD 244 Burlington school district is in a model where students (Pre-K-12) will be working remotely, as the Parent/Legal Guardian of the children listed below:

1. _____
   First Name Last Name
2. _____
   First Name Last Name
3. _____
   First Name Last Name
4. _____
   First Name Last Name
5. _____
   First Name Last Name
6. _____
   First Name Last Name
7. _____
   First Name Last Name
8. _____
   First Name Last Name

I agree to the following assurances:

1. I understand that my child(ren) may need additional support to complete assigned work, and to the best of our ability, our family will provide the needed support. Additionally, our family will provide supervision during the learning process.
2. I agree that my child(ren) are expected to be available to communicate with teaching staff on a regular basis as outlined by the school district.
3. If a student is unable to participate on any given day (illness or doctor appointment), I will notify the school at _____ to report absence.

Parent, guardian or responsible adult's (please print):_____
First name Last Name

Parent, guardian or responsible adult's signature:_____Date:_____