

Remote Learning Assurances Parent/Legal Guardian

Whenever USD 357 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. Print Student First Name	Print Student Last Name	Grade	6. Print Student First Name	Print Student Last Name	Grade
2. Print Student First Name	Print Student Last Name	Grade	7. Print Student First Name	Print Student Last Name	Grade
3. Print Student First Name	Print Student Last Name	Grade	8. Print Student First Name	Print Student Last Name	Grade
4. Print Student First Name	Print Student Last Name	Grade	9. Print Student First Name	Print Student Last Name	Grade
5. Print Student First Name	Print Student Last Name	Grade	10. Print Student First Name	Print Student Last Name	Grade

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 appropriate school to report absence

Belle Plaine Elementary School
(620)488-2617

Belle Plaine Middle School
(620)488-2222

Belle Plaine High School
(620)488-2421

Parent, guardian or responsible adult's (please print):

_____ *First name.*

_____ *Last name.*

Parent, guardian or responsible adult's signature: _____

Date: _____