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Dear Parent /Guardian:

I am the Parent /Guardian of _____, we

elect to participate in the virtual option for the 2020-2021 school year. Once

enrolled in this option my child and I understand that it is for the entirety of the

first semester. I also understand that if my child chooses to enroll back into

traditional instruction that they will get no credit for the 1st semester unless they

have completed the entire 1st semester of the Virtual Program. I also understand

that it is mine and my child's responsibility to keep up with all passwords. I also

understand that internet connectivity will not be provided by Weleetka Public

Schools.

Parent/ Guardian Signature

Date