



UNION LOCAL SCHOOL DISTRICT

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**Union Local School District 2020-2021 Remote Online Learning Declaration**

Parent Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_ 20-21 Grade Level \_\_\_\_\_

**Remote Online Learning Declaration:**

You have elected remote online learning for your child for the 2020-2021 school year. In order to ensure that your child receives a quality education that is reflective of the guidelines established by the Ohio Department of Education, you must agree to the following:

I, parent/guardian of \_\_\_\_\_ have elected to enroll my child(ren) in the remote online learning program with the Union Local School District for the 2020-2021 school year. This program of learning was created as a result of the COVID-19 virus pandemic and may not be an option in future school years.

I agree to the following and will participate as outlined below, or my child will be expected to be in attendance at school in person for the 2020-2021 school year (please initial next to each item):

\_\_\_\_\_ I/My child may participate in an orientation that will include training on technology.

\_\_\_\_\_ My child will meet the grade level attendance and seat time expectations as outlined for his/her specific grade level.

\_\_\_\_\_ I will secure access to reliable internet and ensure that it is maintained through the period of remote learning.

\_\_\_\_\_ I am liable for any damage that occurs to the school-issued device and will pay for the repair or replacement to ensure that my child can meet his/her learning goals.

\_\_\_\_\_ I understand that grading, assessment and reporting policies are consistent with in-person instruction.

\_\_\_\_\_ I understand that I am only able to modify my choice at the end of each 9-weeks grading period.

\_\_\_\_\_ I understand that if my child receives special education-related services, those services will be provided either virtually or on campus within the school day hours.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_