Pūʻōhala School 2020.2021
State of Hawaiʻi
DEPARTMENT OF EDUCATION
DISTANCE LEARNING OPT-IN FORM

STUDENT _____
           Last   First   Preferred Name   GRADE

Address _____ Phone _____
          Street   City   Zip

Phone _____ Email: _____

Ke Kula Kaiapuni ʻo Pūʻōhala School   **Castle Complex**   **Windward District**

I hereby request that the above named child participate in Distance Learning for the fall semester for school year 2020-2021.

       Distance Learning Expectations:

1. I will follow the school's learning plan for my child.
2. I will work with the school to obtain technology needed for online learning.
3. If the school requests, I will arrange to pick up and drop off work and resources.
4. I commit to ONLINE learning for the entire semester, Wednesday August 4, 2020 through December 18, 2020.
5. I will be responsible to ensure my child is following the school schedule and logging into daily lessons.
6. I will ensure my child meets all timelines for turning in work.
7. I will work with the school to ensure my child is available for any required assessments, as needed by the school.
8. I understand that if my child fails to make satisfactory progress in a distance learning program, I will have the option to return to school model B, blended rotation.
9. I understand that the school environment is the preferred location for learning for special population students, and in selecting this alternative I fully understand that the school may not be able to fully implement my child's IEP and a contingency plan will be developed in an IEP meeting.
10. I understand that the school environment is the optimal location for kaiapuni haumāna and in selecting this alternative, my child's language growth may be affected.

By signing this form, I acknowledge that opting into distance learning is voluntary and I hereby agree to abide by the expectations listed above.

Father/Guardian _____ _____ _____
               (print or type name)   Signature   Date

Mother/Guardian _____ _____ _____
               (print or type name)   Signature   Date

(Original sent to parents and copy filed at the school of record.)