



Wakulla County School Board
2020/2021 (Covid-19)

Wakulla Innovative Educational Approach Agreement

Name Student: _____ Date: _____
Parent Name: _____
Parent Email: _____ Grade: _____
Student Email: _____
Current School: _____
Parent Phone Number: _____
Student Phone Number: _____
Date of Enrollment: _____

Students who plan to pursue distant learning program have expectations that must be met in order for them to be successful. Adherence to the following standards is a requirement of enrollment.

- I am committed to taking my regular school courses from home and will make a concerted effort to keep up with the pace of the course, taught also in school, and to complete all courses requirements.
I understand and agree to invest the time necessary for successful completion of my courses. I am aware that the requirement are the same as if I were talking these classes face to face.

YES NO
My Student has access to a electronic device
My Student has access to an internet connection
My Student has an Individual Educational Plan (IEP)
My Student has a 504 Plan

I have read the above agreement and agree to them as a condition for enrolling in the online program listed above:

Parent or Guardian Print Name Date

Student Name Print Name Date

Distant approved _____ Training Date _____ Date _____