



## Gower 62 Remote Educational Program Request

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Requesting Remote Educational Program for:

(Circle one)    Short Term       Semester 1 (Fall)       Semester 2 (Spring)       Full Year

Short Term Request (specify dates) From: \_\_\_\_\_ To: \_\_\_\_\_

2. Reason for Remote Request (attach additional information as needed):

3. If medical, do you have a doctor's note?    Circle one:    YES       NO

If yes, please attach the doctor's note to this form indicating the diagnosis and projected amount of absences. If no, please consult with your doctor regarding your student's health and well-being.

4. Each request will be reviewed on a case by case basis. A short term remote request will be addressed by a Gower staff member through synchronous and asynchronous assignments. A long term remote educational program request will be provided by a third party, Edmentum, with online Illinois certified teachers, but NOT Gower teachers. If a long term remote program is granted, a Gower staff member will be assigned to your child to check in weekly and monitor progress in Edmentum.

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

\*Please submit completed form to Gower West Principal, Mrs. Gina Rodewald, [grodewald@gower62.com](mailto:grodewald@gower62.com); and/or Gower Middle Principal, Mrs. Tracy Murphy, [tmurphy@gower62.com](mailto:tmurphy@gower62.com)

**Gower Administrative Review:** this request has been reviewed on \_\_\_\_\_ and is considered:

\_\_\_\_\_ Short term to be addressed by Gower staff through synchronous and asynchronous assignments

\_\_\_\_\_ Long term and student will be assigned to Edmentum courses for the (Circle one)

Semester 1 (Fall)       Semester 2 (Spring)       Full School Year

Staff member assigned to student for check-ins: \_\_\_\_\_



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