



Mountain Park Elementary School

Request for Pre-Arranged Remote Participation Learning Day(s)

Students & Parents: Remote Learning Days must be approved 5 Days PRIOR TO the 1st Remote Learning Day. The student will be marked absent if approval is not received prior to the 1st Remote Learning Day requested.

*\*\*Participation is defined as*

- *Completion of 30minutes iReady Reading for each day requested*
- *Completion of 30 Minutes iReady Math for each day requested*
- *Completion of any additional work assigned by the teacher.*
- *To be marked present – work must be completed and submitted within 2 days after absence*

This section to be completed by Parent(s)/Legal Guardian(s)

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

Student ID Number (lunch number): \_\_\_\_\_

Reason for Remote Participation Learning Day(s): \_\_\_\_\_

\_\_\_\_\_

Requested Remote Participation Learning Date(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature	Phone	Parent Email	Date
_____	_____	_____	_____
Parent/Guardian Signature	Phone	Parent Email	Date
_____	_____	_____	_____

**After completing this section return the form to the Asst. principal at [gantenbeinm@fultonschools.org](mailto:gantenbeinm@fultonschools.org) or send a printed copy with this section completed with your student in an envelope addressed to Mrs. Gantenbein.**

This section to be completed by Assistant Principal/Principal ONLY

Approval by Principal/Assistant Principal (Approval to Proceed Based on Number of Days Available to Student for Semester).

Principal/Assistant Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

This section to be completed by Homeroom Teacher ONLY

Please use the space below to record the student's attendance daily. At the end of the pre-arranged remote learning days, return this form to our Data Clerk no later than 2 days after the pre-arranged remote learning period has ended.

Date: _____	<input type="checkbox"/> Participated or Absent <input type="checkbox"/>	Date: _____	<input type="checkbox"/> Participated or Absent <input type="checkbox"/>
Date: _____	<input type="checkbox"/> Participated or Absent <input type="checkbox"/>	Date: _____	<input type="checkbox"/> Participated or Absent <input type="checkbox"/>
Date: _____	<input type="checkbox"/> Participated or Absent <input type="checkbox"/>		

Homeroom Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

This section to be completed by Block Teachers

Block 1 Signature _____	Block 2 Signature _____	Date _____
-------------------------	-------------------------	------------