Dolvin Elementary School
Request for Remote Learning Day(s)

Student Legal Name: _____ Student ID# (lunch number): _____
Homeroom Teacher: _____ Parent Name: _____
Parent email: _____ Phone # _____
Reason for Remote Participation: _____
_____
Remote Participation Requested Date(s): _____

**Must be requested at least 3 days ahead of time.
To be eligible for remote participation the student must complete required assignments as defined by the teacher within two days of returning to school. Teachers or administration will communicate assignments to students following the receipt of the request. Please note that the student will be marked absent until the work is completed, and the record is updated.

Per Fulton County Policy JBD "Absences and Excused," students can substitute up to 5 absences per semester with a remote learning day by meeting the remote learning participation requirements.

_____ _____
Parent/Guardian Signature Date

Work Completion/Submission

Please use the space below to record the student's participation. At the end of the pre-arranged remote days, return this form to Mrs. Carper.

Date Absent	Teacher (RELA & Math)	Did the student participate/submit work within 2 days of return to school?

_____ _____
Homeroom Teacher Signature Date