



Mountain Park Elementary School

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

Students & Parents: Fulton County Board policy allows students to take up to 5-days each semester as Remote Learning Days. Please complete the requested information and return the form to MPERemote@Fultonschools.org. Students will be marked absent and the absence code changed to "Participated Remotely" once completion of iReady minutes is checked. Please allow up to 5 school days for this change to be made. Work missed in class will be provided once students return to school.

*****Participation is defined as:***

- *Completion of 30 minutes iReady Reading for each day requested*
- *Completion of 30 minutes iReady Math for each day requested*

This section to be completed by Parent(s)/Legal Guradian(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 MPERemote@fultonschools.org or send a printed copy with this section completed with your student in an envelope addressed to Remote Learning Request

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 _____