

Remote Conferencing Program Request

Dear Parent/Guardian,

If you are requesting remote conferencing services for your child due to any of the following:

- Your child's medical condition is documented by a physician licensed to practice medicine in the United States.
- Your child has a positive test result for a communicable condition listed in 25 TAC §97.7.
- Your child has been identified as having been in close contact with COVID-19.

Please fill out one of the following:

Online Link: <https://bit.ly/sbcisdremote>



Paper form:

https://drive.google.com/file/d/19yRv2RA4RSxUdviPx9PnG_XnqXiajzER/view?usp=sharing

If printing and filling out the paper form, please turn into your child's school.