



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