

**Superior School District #3
COVID-19 Emergency Measures**

Notification of Intent to Return to on-Campus Instruction Form

A family who would like their student to return to onsite instruction and educational services onsite at the school may request to have your student return to onsite instruction by completing this form.

I, _____, Parent or Guardian of, _____ a student enrolled at Superior School District #3, requests my student receive educational services and return to onsite instruction.

Parent Name Print

Date

Parent Signature

Current Phone Number

Current Mailing Address

Current Physical Address

Legal Reference: Section 20-1-101, MCA – Definitions
Section 20-1-301, MCA – School Fiscal Year
Section 20-9-311, MCA – Calculation of Average Number Belonging
Section 20-7-118, MCA - Off-site Provision of Educational Services
Section 20-7-1601, MCA – Transformational Learning –Legislative Intent
ARM 10.55.906(4) – High School Credit

**Superior School District #3
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Family Onsite Instruction Opt-Out Form

A family who does not want their student to receive instruction and educational services onsite at the school may request to have instruction completed offsite and/or online by completing this form.

Students of families opting out of onsite instruction at the school facility shall receive offsite, online, and proficiency-based instruction, or any combination of the foregoing at the discretion of the School District in accordance with District Policy 1906. School District staff shall arrange for any combination of physical instructional packets, virtual or electronic based course meetings and assignments, self-directed or parent/guardian-assisted learning opportunities, and other educational efforts available to staff and students that can be relied upon for grade or credit in order to satisfy the minimum aggregate number of hours or determination of proficiency for the requesting student. Students determined to be proficient in one or more courses of the district shall be incorporated in the School District's calculation of ANB, with such ANB fraction to be converted to an hourly equivalent based on the hours of instruction ordinarily provided for the content over which the student has demonstrated proficiency.

I, _____, Parent or Guardian of, _____ a student enrolled at Superior School District #3, requests my student receive educational services and instruction at an offsite location and/or for the duration of the declared public health emergency in a manner consistent with the methods identified by the School District.

I understand my student is expected to complete all assigned work and return it to the teacher in order to receive credit toward a grade to be considered for promotion or credit and in accordance with Policy 1902, if applicable. I further understand that failure to complete work assigned may result in a determination that my student will be retained or otherwise not earn credit.

Parent Name Print Date

Parent Signature Current Phone Number

Current Mailing Address Current Physical Address

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