

LEARNING OPTIONS DURING COVID-19 PANDEMIC



ROANE COUNTY
SCHOOLS

FORM 410E REVISED 8/13/2020

This form should be completed each time a parent or guardian intends to change a student's learning option.

NEW SELECTION *(student has not previously selected a learning option)*

CHANGE OF OPTION *(previous option must be on file)*

STUDENT INFORMATION

STUDENT'S FULL
LEGAL NAME

WVEIS ID
(IF KNOWN)

STUDENT'S
MAILING ADDRESS

Street / PO Box

DATE OF
BIRTH

/ / 20

GENDER
(optional)

Female Male

City

State

ZIP

STUDENT'S
HOME PHONE

() - (unlisted)

PARENT / LEGAL
GUARDIAN'S NAME

LEARNING OPTIONS (CHOOSE ONE)

In-Person Instruction at Geary Walton RCHS
 Spencer Elementary Spencer Middle

Distance Learning (K - 12 only)

West Virginia Virtual School (Available for grades 6 - 12 ONLY)

SEMESTER TO BEGIN

(Selection must be made at least 15 calendar days prior to start of semester.)

1st (August)

2nd (January)

GRADE LEVEL

NOTES

These options for learning are provided during the COVID-19 pandemic and may or may not remain available after the expiration of or in the absence of a state of emergency and/or guidance from the West Virginia Department of Education and State Superintendent of Schools.

Students are required to remain in a particular learning option for the duration of any particular semester, but may indicate their selection of a different learning option for the following semester so long as this form is completed no later than 15 calendar days prior to the following semester.

PARENT / LEGAL GUARDIAN SIGNATURE AND ACKNOWLEDGEMENT

By signing here, I certify that I am the parent and / or legal guardian of the student described above and that the information provided here is accurate to the best of my knowledge. I acknowledge that I understand that the learning options presented are available only during the COVID-19 pandemic and may or may not remain available upon its conclusion. I also understand the options as presented in "Student Learning Options During the COVID-19 Pandemic" and AG e410.i.

Signature

Date

DATE RECEIVED _____ BY _____

SUPERINTENDENT APPROVAL Approved Denied

Signature

Date