State of Hawai‘i
DEPARTMENT OF EDUCATION
DISTANCE LEARNING OPT-IN FORM

STUDENT _____ Student I.D. No. _____
Last First Middle

Address _____ Phone _____
Street City Zip

School _____ Complex Area _____ Grade _____

I hereby request that the above named child participate in Distance Learning for the _____ (indicate length of time e.g. fall semester, year) for school year 2020-2021.

Distance Learning Expectations:

1. I will follow the school's learning plan for my child.
2. I will work with the school to obtain technology needed for online learning.
3. If the school requests, I will arrange to pick up and drop off work and resources.
4. I commit to ONLINE learning for the amount of time as indicated above.
5. I will be responsible to ensure my child is following the school schedule and logging into daily lessons.
6. I will ensure my child meets all timelines for turning in work.
7. I will work with the school to ensure my child is available for any required assessments, as needed by the school.
8. I understand that if my child fails to make satisfactory progress in a distance learning program, I will have to choose between returning to school or homeschooling of my child.
9. I understand that the school environment is the preferred location for learning for special population students, and in selecting this alternative I fully understand that the school may not be able to fully implement my child's IEP and a contingency plan will be developed in an IEP meeting.

By signing this form, I acknowledge that opting into distance learning is voluntary and I hereby agree to abide by the expectations listed above.

Father/Guardian _____ _____ _____
(print or type name) Signature Date

Mother/Guardian _____ _____ _____
(print or type name) Signature Date

(Original sent to parents and copy filed at the school of record.)