

**NORTH CALDWELL PUBLIC SCHOOLS**  
**132 Gould Avenue**  
**North Caldwell, NJ 07006**  
[www.ncboe.org](http://www.ncboe.org)

---

**PARENT SELECTION OF REMOTE LEARNING**

*Please complete 1 form for each child for whom you are making a request*

**Date of Request:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Grade:** \_\_\_\_\_

In order for your child to commence with remote learning, a completed request must be submitted to your child's school principal. A period of at least **ten (10) calendar days** may be required to process your request as it may necessitate a change in instructional staff and instructional staff support, educational technology and student schedule. If additional time is required before your child can start remote learning or can return to the classroom, your child's school principal will contact you.

Please answer the following questions regarding your request for remote instruction for your child. Completed forms must be submitted to the building principal.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

**1. Does your child have an Individual Education Program (“IEP”) or 504 Plan?**

- Yes (please identify your child’s case manager \_\_\_\_\_)
- No

*\*Please know that a student’s return from or placement on full-time remote instruction will require an amendment to the IEP or 504 Plan.*

**2. Please select the services for which you are requesting to be provided entirely remotely (select all that apply):**

- Instruction (includes general and special education);
- Related services (identify): \_\_\_\_\_

\_\_\_\_\_

*\*For those services that you have not selected, they will be provided in-school and in accordance with your child’s current schedule. You will be responsible for transporting your child to and from school for these services, at the designated times and days.*

*Parents/guardians are reminded that they are to adhere to the Board’s Policy concerning the Restart and Reopening of Schools due to COVID-19, No. 1648.*

**Parent’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_