

NORTH CALDWELL PUBLIC SCHOOLS
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Parent Request to Return from Remote Learning

Please complete one (1) form for each child for whom you are making a request

Date of Request: _____

Student's Name: _____

Student's Grade: _____

In order for your child to return from remote instruction, a completed request **must be submitted to your child's principal by November 20th**. A period of fourteen days will be required to process your request. Your child would return for in-person instruction on December 7th.

Please be aware that returning from remote learning may impact your child's schedule and teacher assignment based on classroom availability due to social distancing and other health and safety measures.

Parent's Name: _____

Telephone Number: _____

Email: _____

Parent's Signature: _____ Date: _____