

## Medina Central School District - Student Learning 2020-2021

We understand that each student has their own needs during this unprecedented time. Our goal is for each child to receive the best possible education. We ask that you answer each of the following questions with careful consideration.

Please complete this form indicating your choice for how your child will attend school during the first semester of the 2020-21 school year. Deadline to submit this form is August 14, 2020.

This form is to be completed by the parent/guardian of the child. **Please complete one form for EACH child** that you have attending school in the Medina Central School District.

Student First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade Level (circle one):      PK   K   1   2   3   4   5   6   7   8   9   10   11   12

Which of the following school models is your choice for your child for the first semester of the 2020-2021 school year? (select one)

- ☐ Attend school physically in person for UP TO five days a week - this will be dependent on which model is available at your child's school due to overall student enrollment and building space. (REQUIRED IN ALL IN PERSON MODELS: Social distancing, masks, PPE and any other NYSDOH requirements)
- ☐ 100% Virtual Learning- Full time instructional learning from home online with a Medina Central School teacher delivering standard course content remotely.
- ☐ Other Plan (homeschooling, parochial/private, leaving district)

If your child is attending in person, will your child need bus transportation? (If yes, you MUST complete the transportation request form)

- ☐ Yes, my child will ride the bus and wear a mask. I know that I MUST complete a transportation form.
- ☐ No, my child will not be riding a bus. I will provide transportation as needed.

If your child is participating in virtual instruction, will you need a Chromebook provided to you?

☐ Yes      ☐ No

Do you have a dedicated home internet connection? (not including mobile data device connection)      ☐ Yes      ☐ No

Name of parent/guardian completing this form: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

*Please return this form by August 14, 2020 to  
Medina Central School District, 1 Mustang Drive, Medina, NY 14103*