



2020-2021 Registration Form - Addendum

Student Name: _____ **Grade Level:** _____ **Student ID#:** _____

LEARNING OPTION SELECTION FOR 2020 FALL SEMESTER (THROUGH DECEMBER 2020)

When school opens, there will be two options¹ for kindergarten through 12th grade: one for families who prefer their students to learn virtually through December 2020^{2,3} and another for families who would like their students to return in person as much as is advisable by health experts. When school starts, both groups of students will be learning remotely. The in-person group will return to school in-person as health guidance allows.

While you may have provided your learning option preference in the July survey to aid the District’s planning efforts, **this form will serve as the official record for your student’s enrollment for the 2020 Fall semester or through December 2020³**. Please note that any subsequent student transfer between the in-person/hybrid and the virtual program **during the 2020 Fall semester** will need to go through a transfer process⁴. For more information on these options, please visit <https://www.dpsk12.org/virtual-program-updates-for-upcoming-school-year/>

If you select the virtual program, you commit to full-time, online learning from the first day of school through at least the end of December 2020³. Your student will keep their seat at the school they were expected to attend for the 2020-2021 school year (i.e., the student’s school of record) and will also remain on any waitlists they may currently be on. If you later choose to transfer from the virtual program to the in-person/hybrid program, the transfer request would only be allowed to the student’s school of record or the student’s newly accepted school.

Check one: I would like to enroll my student in the following learning option for the 2020 Fall semester (through December 2020):

- In-Person/Hybrid Program⁵, which will begin remotely and transition to in-person based on health guidance (ECE-12th grade)
- Virtual Program⁶ (not available for ECE students)

1. *The virtual program option is not available for preschool students.*
2. *The virtual program will be run by the student’s school of record to the extent that staffing permits or it will be closely affiliated with the student’s school of record. This may vary for charter and innovation schools; please check with your school.*
3. *The length of commitment may vary for charter and innovation schools; please check with your school.*
4. *This may vary for charter and innovation schools; please check with your school.*
5. *Due to health restrictions on the number of interactions with adults and other students outside of your child’s cohort, some services related to special education, 504, ELA, GT, or others might be delivered through livestreaming into your child’s classroom.*
6. *To the extent your child is on an IEP or 504 Plan, choices related to online-only learning may need to be reviewed with your child’s IEP or 504 Team to determine whether your child has services or needs that can only be addressed in an in-person environment.*

Print Parent/Guardian Name: _____ Phone Number: _____

Current Address: _____

Parent/Guardian signature: _____ **Date:** ____/____/____

**By signing on this line using the e-signature format (/John T. Smith/), I certify that I am the parent/guardian of _____ and am agreeing to use an electronic signature.*



DEVICE AND INTERNET ACCESS

Device Access

If your student is enrolled in a Virtual Program, or in the event that your student’s school is required to transition to remote learning during the school year, your student will need a Chromebook, laptop or similar device that will enable the student to remotely log-in to DPS accounts. If you acknowledge "yes," you are indicating that your student has access to a personal or school-issued or district-issued device that may be used for a Virtual Program or remote learning - and that the student will be its sole user during the Virtual Program or remote days. If you acknowledge "no," you are indicating that your student needs a device and you may be contacted about next steps.

Check one: My student has a Chromebook, laptop or similar device at home that may be used for a Virtual Program or remote learning, if needed.

- Yes
- No

Internet Access

If your student is enrolled in a Virtual Program, or in the event that your student’s school is required to transition to remote learning during the school year, your student will need internet access. If you select "yes," you are indicating that your student has reliable access to the internet at home, either through a personal account or district-issued hotspot. If you select "no," you are indicating that your student needs internet access at home and you may be contacted about next steps.

Check one: My student has reliable access to the internet at home that may be used for a Virtual Program or remote learning, if needed.

- Yes
- No

Print Parent/Guardian Name: _____ Phone Number: _____

Current Address: _____

Parent/Guardian signature: _____ **Date:** ____/____/____

**By signing on this line using the e-signature format (/John T. Smith/), I certify that I am the parent/guardian of*

_____ *and am agreeing to use an electronic signature.*