

Please complete and submit this form no later than 24 hours after your student's first absence if you are choosing to keep your child home due to a COVID concern.

**Request for Distance Learning
Temporary Quarantine
Tri-City College Prep High/Middle School**

Office use only
Date received _____
Start _____
End Date no more two weeks from
start date

Name of parent/guardian making request _____

Name of Student _____ Grade _____

I have do not have access to internet.

I agree to use the following resources:

- Teacher will be available for online tutoring by schedule
- Moodle
- Email
- Other _____

After careful consideration, I/We the parents of the above-named student request temporary distance learning for our child.

Parent Signature

date

Administration Signature

date