



REQUEST FOR CHANGES TO MODE OF LEARNING (ELEMENTARY)

Please complete one form per student.

Student's First Name: _____ **Student's Surname:** _____

(Please print clearly)

Birth Date: ____/____/____ Current Grade/Program: _____ French Immersion: Yes
No

Address: _____

Parent/Guardian:

Parent/Guardian 1: _____ Home Telephone: _____

Email address: _____ Work Telephone: _____

Parent/Guardian 2: _____ Home Telephone: _____

Email address: _____ Work Telephone: _____

Home School: _____

- Current Mode of Learning:
- In Person
 - Distance Learning Cohort C (using technology)
 - Distance Learning Cohort D (no use of technology)

I am requesting that my child's mode of learning be changed to:

- In Person
- Distance Learning Cohort C (using technology)
- Distance Learning Cohort D (no use of technology)

I am requesting that sibling(s) mode of learning also be changed: Yes No

If yes, please list names and grades of the siblings:

Date: _____

Signature: _____