

Virtual Learning Intent Form

Families wishing to enroll their student(s) in the Canton School District's Virtual Learning program during the 2020-21 school year are required to complete this form and return it to the Superintendent's Office by August 12th. Forms returned after that date may not be considered.

STUDENT INFORMATION (Please complete one form per student)		
Student First Name	Student Last Name	Grade Level for 2020-21
Is This Student Currently on an Individual Education Plan (IEP) () YES () NO		Do you have internet access? () YES () NO

ACADEMIC MENTOR

The Canton School District requires that each student has an adult designated as their "Academic Mentor" who will have the primary responsibility of being actively involved in all school related assignments and activities for the student. The Academic Mentor will:

- Be the point of contact between the Canton School District and the learner.
- Actively monitor, assist, and motivate the student on a daily basis to stay on task and ensure academic progress is being made.
- Ensure the student is following through on his or her assignments while the student is expected to manage his or her own time and schedule directly.

Parents may choose to select someone other than themselves as the Academic Mentor. However, please note that the Parent/Legal Guardian is still primarily responsible for ensuring school policies are followed and that learning is occurring in the household.

Academic Mentor's Name

Email Address

TERMS AND CONDITIONS:

By choosing to enroll in the Canton School District's Virtual Learning Program, the parent/guardian agrees to the following terms/conditions.

- My student will remain in the program for the entire semester and will not be allowed to return to on-campus learning until at least the end of the first semester.
- I have selected/indicated above the adult that will act as "Academic Mentor" for my student
- I will require my student(s) in grade(s) 3-8 and Grade 11 to report to the school in April, 2021 for state mandated testing.
- I understand that lack of adequate progress can result in my student being removed from the program.

Parent/Guardian Name

Phone Number

Parent/Guardian Signature

Date