

Quarter 3 Online Learning Option for Families

Student Name: _____

Grade: _____

- I acknowledge my student and I have selected the On-line Learning Option for the Second marking period of the 2020-2021 academic year.
- I understand that my child will be responsible for logging in to classes during the scheduled class time each day. All assignments must be completed and submitted electronically for each class.
- If my child is sick and unable to attend on-line classes, I will notify the school. He/she will be marked absent for the day and is excused from attending on-line classes for the day.

****Changes can be made on a quarterly basis****

Parent signature: _____

Student signature: _____

Date: _____

****Please complete and email this form to Mrs. Young at dyoung@acchs.info by February 1, 2021****