

## Learning Environment Change Request Form - Elementary

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### What is your child's current learning platform?

- My child attends school in-person
- My child attends school virtually (online)

### I want my child to begin taking classes

- In person at school – I understand my child is expected to attend all classes in person, every day.
- Virtually (online) – I understand my child will be taking my classes online from home and will be expected to participate and submit assignments online.

### I am requesting this change for my child because:

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### Is your child currently participating any of the following?

Special Education  
504  
ELL  
Dyslexia

**Does your child currently ride the bus to/from school?** YES NO

**Will he/she need transportation to/from school?** YES NO

**If you are requesting virtual learning, does your child have a device (Computer, iPad, etc.) to use at home for their classes?** YES NO

**If you are requesting virtual learning, does your child have internet access at home?**  
YES NO

**Parent Acknowledgment:**

I understand requesting a change in my child’s learning environment may take a few days to process. The attendance secretary at my child's campus will tell me the date my change will become effective, and I understand my child is required to complete coursework during the transition.

I understand changing my child’s learning environment may cause a change in my child’s teacher. Specifically, my child may be assigned to a different teacher.

If my child is receiving services through special education, I understand an ARD meeting must be held before a change in learning environment can be implemented.

If my child is a virtual learner, he/she must log into his/her classes **each school day** and submit assignments and take exams online by the due dates defined by the teacher.

If my child is attending school in-person, I understand he/she is expected to attend **each class as scheduled every day.**

\_\_\_\_\_  
Name of Parent Submitting this Request \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature \_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Effective Date for Change:  
\_\_\_\_\_

Counselor: Notification to teachers, AP, attendance staff, and special program staff sent on:  
\_\_\_\_\_ (Date)