



**Marian Central Catholic High School**  
**Request for Remote Online Learning at Home**

Marian Central will offer an optional at-home learning program for any student who wishes to experience our engaging curriculum and receive a great education safely from home. Students will be able to use our online learning system to access their daily lessons, which will include all the information they need to successfully complete their work. Students will be able to complete and submit their assignments online, participate in live online classes, join interactive discussions about their courses, connect with their teachers, and reach out for extra help whenever they need it.

**Please complete one Request for Remote Online Learning Form per student. Incomplete forms will not be accepted.**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ County: \_\_\_\_\_  
 Does this student have an ISP/IEP or 504? \_\_\_\_\_

**Parent/Guardian Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship to Student:  Mother  Father  Guardian \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ County: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

My/our signature(s) below serve as an acknowledgment and agreement with the following:

1. The student will follow his/her assigned class schedule each day.
2. The student is required to login in on time (at his/her scheduled time) and will participate fully for each class period.
3. Tardiness and absences will be recorded and addressed in accordance with the school's student/parent handbook.
4. Grading policies will apply as outlined by the teacher and/or the administration.
5. The student is responsible for the completion and submission of any and all class assignments.
6. I/We understand that the school's full tuition rate will be charged for remote learning.
7. **My/our request to enroll in remote learning means the students will do so for the entire grading period (semester). I understand that changing back to in-class instruction will only be allowed at the end of the grading period (semester) or with special arrangements agreed upon in advance with the school's administration.**

Please outline why you are requesting this student participate in remote learning.

\_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
 School Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email to [ldisilvio@marian.com](mailto:ldisilvio@marian.com) or fax 815-338-4253.**