



**Marian Central Catholic High School**

**Request for TEMPORARY Remote Online Learning at Home**

**This request must be approved by an Administrator prior to the start of the remote learning period.**

Dates Requested: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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 form per student. Incomplete forms will not be accepted.**

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
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: \_\_\_\_\_ 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.

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

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

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

School Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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