



ACPS Remote Learning Flexibility Request

I, _____, (print parent/guardian name), would like to request 100% remote learning for my student(s) through Allegheny County Public Schools (ACPS). The conditions of this request will be determined by the building principal, or designee, and are outlined below. If approved, I agree to work collaboratively with ACPS to provide an equitable learning experience for my student(s). I understand that this form needs to be submitted to the building principal(s), and approval status will then be communicated to me by the school(s) after review of this request.

Requested Duration of Remote Learning: From _____ to _____

Student Name #1 and School/Grade: _____

Student Name #2 and School/Grade: _____

Student Name #3 and School/Grade: _____

Parent/Guardian Signature: _____ Date: _____

Please circle or highlight all the justifications that apply below to your request:

- Medical conditions for family member(s)
- Medical conditions for student
- Schedule conveniences or limitations
- Concerned about current health safety and guidelines
- IEP or 504 accommodations/services
- Other: _____

Principal, Designee, or Office Use Only Below:

_____ Approved. Flexibility will be provided from:

Start Date: _____ End Date: _____

Medium of Delivery (circle all that apply): Echo, Google Classroom, Virtual Virginia, Edgenuity

_____ Not approved, reasoning: _____

Notes: _____

Principal, or Designee, Signature: _____ Date: _____

Copy to ACPS Directors of Elementary and Secondary Instruction. Parent/guardian contacted on (date): _____