



Cutler-Orosi Joint Unified School District  
 12623 AVENUE 416 - OROSI CA 93647  
 (559)528-4763 - www.cojUSD.org

## 2020-2021 Distance Learning Option Form – TK – 5<sup>th</sup> Grade

If you would like to have your student/s continue with Distance Learning, please complete and submit this form to your school **no later than October 16, 2020.** Please note if you choose Distance Learning for your student, **YOUR STUDENT MUST REMAIN IN DISTANCE LEARNING FOR A FULL TRIMESTER** (Trimester 2 ends February 26). If you do not submit this form to your school office, your student will be expected to return to school for in-person learning.

### Student/s Information:

Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____	Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____	Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____
Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____	Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____	Last Name: _____ First Name: _____ D.O.B: _____ Grade: _____ School Site: _____ Dual Immersion: Yes _____ No _____ Current Teacher: _____

Family Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is there internet in the home? Yes \_\_\_\_\_ No \_\_\_\_\_

### Parent/ Guardian Information:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Phone #: \_\_\_\_\_

Father's Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

I agree to have my student placed in the COJUSD Distance Learning Program for the entire Trimester (Trimester 2 is from November 2 – February 26). **I understand that once placed in this program, students must complete the entire Trimester** prior to the possibility of returning to the Hybrid/ in-person learning program. **I understand my student's teacher will change with this option.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact your school office with questions or concerns. You may return this form electronically to your school email below:**

Cutler Elementary School: (559) 528-6931

Golden Valley Elementary School: (559) 528-9004

Palm Elementary School: (559) 528-4751

[cutlerschool@cojUSD.org](mailto:cutlerschool@cojUSD.org)

[GVschool@cojUSD.org](mailto:GVschool@cojUSD.org)

[palmSchool@cojUSD.org](mailto:palmSchool@cojUSD.org)