



MYRON L. POWELL ELEMENTARY SCHOOL
225 Main Street Cedarville, NJ 08311 Phone (856) 447-4237 Fax (856) 447-3446

Request for Full-Time Remote Learning

**Use this form to request transitioning FROM the In-Person 50/50 Learning Program
TO Full-Time Remote Learning**

To be eligible to change learning models, the child must be in his/her current learning model for a minimum of one Marking Period (approximately 2 months).

I request to move my child to the Full-Time Remote Learning Program for the Marking Period checked below:

_____ - To begin the 3rd Marking Period on February 1st (Form due on January 15, 2021)

_____ - To begin the 4th Marking Period on April 14th (Form due on March 29, 2021)

Name of Student: _____ **Date:** _____

Grade: _____

Name of Guardian Completing the Form: _____

Placement into the Full-Time Remote Learning program will be based on availability in classes. Virtual classroom size numbers will be considered in placements.

All questions regarding this request or the outcome should be directed to Dr. Magan at smagan@myronlpowell.org.

You will receive a response to your request within 5 school days from the date of receipt.