



2020-2021 Remote Instruction Student Agreement and Application

Please print and submit both pages of this form to the appropriate Principal via email:

- Mr. Jeffrey Flores for the Frank L. Madla ECHS at jflores@newfrontierspublicschools.org
- Dr. Monica Villarreal for Frank L. Madla ACA at mvillarreal@newfrontierspublicschools.org

Student: _____ ID#: _____

Grade: _____ Campus Name: _____

(Initial each statement below.)

I understand that:

____ I have opted to have my child participate in remote instruction and will ensure he/she follows district and campus expectations for engagement and effort as outlined in this agreement. *I understand that NFPS may modify instruction models to reflect the current health situation.*

____ I understand that daily monitoring of attendance, engagement, and efforts will occur. If my child fails to meet expectations for remote instruction, a school/parent/student meeting will be required. At this time, the campus administrator will determine Remote instruction is in the best educational interest for my child or if face-to-face instruction will be required.

____ I understand that my child is not allowed on school property, unless an appointment is scheduled.

____ I acknowledge that my child cannot participate in UIL or extracurricular activities, clubs, or organizations if they have selected remote instruction for that grading period.

____ I acknowledge that I must wait until the start of a grading period to switch my child from remote instruction to face-to-face instruction and this must be approved by the school prior to making the change (written requests must be submitted 2 weeks prior to the end of a grading period).

New Frontiers requires the following for all students/families choosing remote instruction:

____ My child has access to a device at home. *Note: New Frontiers will issue one, if needed.*

____ My child has access to Internet services. *Note: New Frontiers will issue a hot spot, if needed.*

____ My child will log into Google Classroom, Schoology or any other required learning forum/platform daily and at the scheduled times assigned by the teacher.

____ My child will complete all course work, assignments and exams by expected deadlines.

____ My child will actively participate in all remote learning instruction scheduled by the teacher, unless the student has a doctor's note for that day. If the student is absent, per local policy, the assignments are still due within five days.

____ My child will participate in all assessments and exams mandated by the district and state.

____ We will read and respond to all emails from the teacher and/or campus staff within 24 hours.

Please Print

Student: _____ ID#: _____

Grade: _____ Campus Name: _____ Birth Date: _____

Student Social Security #: _____

Address: _____ City: _____ Zip Code: _____

Mother cell #: _____ Mother email: _____

Father cell #: _____ Father email: _____

Student cell #: _____ Student email: _____

Emergency Contact: _____

Emergency cell #: _____

Relationship to Student: _____

Reason for Remote Instruction Request: *(A response must be provided to process the request.)*

Parent Signature: _____ Date: ____/____/2020

Student Signature: _____ Date: ____/____/2020