



**North Royalton City Schools**  
**Blended Learning Phase for 2020-21 School Year**  
**Request to Change In-Person Instruction Days Form**

All students will start the 2020-21 school year with instruction being delivered remotely. When it is safe to move into our Blended Learning Phase, students will attend school on the following days according to the first letter of their last name:

- Students with last names A-K attend on Tuesdays and Thursdays in-person
- Students with last names L-Z attend on Wednesdays and Fridays in-person
- \*Mondays are a remote learning day for all students District wide

We recognize that supervision/child care can be an issue for families in this learning scenario. We will offer an *emergency only* opportunity for you to request for your student to attend school on different in-person days for which you are assigned. **All requests may not be possible to honor. Balancing class sizes will be our top priority so that we can maintain proper social distancing for students when physically attending school. Principals will review requests on a first come, first served basis.** We ask that you first try to maintain your scheduled days according to the alphabetical split listed above. If that is absolutely impossible, please complete the portion below and return to the North Royalton Board of Education Office, 6579 Royalton Road, or scan this completed form to [cathy.szabo@northroyaltonsd.org](mailto:cathy.szabo@northroyaltonsd.org). Contact District Receptionist Cathy Szabo at 440-582-7836 with any questions. This form is not to request for your child to attend a different building.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Child First Name:	Child Last Name:	Grade:	Building:	Please change my child to (T/TH or W/F):

Emergency reason for requesting this change: \_\_\_\_\_

**Please provide the name and address of the person providing supervision to your child(ren). *\*This person must live within your same school attendance area.***

Name of Person Supervising Your Students: \_\_\_\_\_

Address: \_\_\_\_\_

My children will take the school bus from this house: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Office Only:**

Date and Time Received \_\_\_\_\_ Date Sent to Fellow Buildings for Review \_\_\_\_\_

Approved/Not Approved \_\_\_\_\_ Email to parent with confirmation \_\_\_\_\_