

Napoleon Community Schools

In-Person Instruction Election Form (2020-2021 School Year)

Dear Parent/Legal Guardian:

The Napoleon Community Schools Board of Education has adopted a COVID-19 Preparedness and Response Plan (Plan) that offers you the opportunity to choose either in-person or remote instruction for the 2020-2021 school year, to the extent permitted by Executive Order 2020-142 or any later Executive Order or local health department order.

Please carefully review and sign this form if you wish to choose **in-person** instruction for your child(ren) for the 2020-2021 school year. If you have any questions or require assistance in completing this form, please contact the building office. Children whose parents/legal guardians do not submit this signed election form will be assigned to remote instruction.

Parent/Legal Guardian Name [Print]: _____

Student Name(s) and Grade(s) [Print] Insert more lines or use another form, if needed.

- | | |
|----------|------------|
| 1. _____ | Grade ____ |
| 2. _____ | Grade ____ |
| 3. _____ | Grade ____ |
| 4. _____ | Grade ____ |

I understand and agree that choosing in-person instruction for my child(ren) means:

- A. **Risk.** Although the school has implemented increased health and safety protocols, the virus that causes COVID-19 is novel and our understanding of the virus is incomplete and evolving. In making this choice, I have considered the risks to my child(ren) of contracting or spreading COVID-19 and consulted with my child(ren)'s health care provider or other advisors as I deemed necessary to make this decision.
- B. **Face Coverings.** My child(ren) will wear a clean cloth face covering at all times during the school day except during lunch time or as expressly permitted by school officials. Face coverings will be worn in hallways, common areas, during arrival and dismissal, while waiting for or riding on a school bus, and in classrooms. The cloth face covering may be of my choosing but must comply with the Code of Student Conduct (e.g., anti-discrimination, anti-harassment) and U.S. Centers for Disease Control and Prevention (CDC) guidance (which states that a face shield is not a face covering). Napoleon Community Schools will supply each Face-to-face student with three washable reusable mask. I will ensure or provide my child(ren) a clean cloth face covering each day.
- C. **Screenings & Safety Protocols.** My child(ren) will comply with, and I agree that school officials may take reasonable steps to implement and require, COVID-19 mitigation measures including:
1. Wellness screenings
 2. Temperature checks
 3. Handwashing/sanitizing
 4. Social distancing
 5. Wiping student desks (upon request) between required custodial/janitorial cleanings
- D. **Violations.** Failure to comply with COVID-19 mitigation measures, including face-covering requirements, may result in my child(ren)'s reassignment from in-person to remote instruction.
- E. **Home Screenings and Stay-Home Symptoms.**
1. I agree that each day, before sending my child(ren) to school, I will perform a home screening of my child(ren) for symptoms of COVID-19 and if requested by the school, will complete and submit a school-provided form documenting these screenings.

2. I understand that the CDC list of COVID-19 symptoms currently includes the following symptoms, which may be expanded or revised as understanding of COVID-19 evolves: fever or chills, cough, shortness of breath or difficulty breathing, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
3. I will not send my child(ren) to school if my child(ren) display any of the symptoms of COVID-19 identified by the CDC, in an Executive Order, or in a local health department order.

F. **Prompt Notice & Consent.** I will promptly notify school officials if my child(ren) or any member of our household has tested positive for COVID-19 or has come in close contact with someone who has tested positive for COVID-19, will cooperate with school officials charged with contact-tracing, and understand that my child(ren)'s name(s) and COVID-19 status may be disclosed by school officials to the county health department or as otherwise permitted or required by law.

G. **Isolation & Prompt Pick-Up.** Upon notice from school officials that my child(ren) is/are exhibiting COVID-19-related symptoms at school, I will promptly retrieve (or arrange for an authorized emergency contact to retrieve) my child(ren) from school and understand that my child(ren) will be placed in an identified quarantine area pending pick-up.

H. **Quarantine Period.** Before returning my child(ren) to school following (1) displaying COVID-19 symptoms, (2) having close contact with someone who has tested positive for COVID-19, or (3) testing positive for COVID-19, I will comply with the corresponding quarantine periods ordered or recommended by the CDC, Executive Orders, local county health department, or other controlling authority.

I. **Students with Disabilities.** If one or more of my children is a student with a disability, a determination may be made by my child(ren)'s IEP Team or 504 Team whether in-person or remote instruction provides a free appropriate public education in the least restrictive environment as required by the Individuals with Disabilities Education Act, Michigan's Administrative Rules for Special Education, and Section 504 of the Rehabilitation Act of 1973, or as otherwise required to comply with the equal access requirements of the Americans with Disabilities Act.

J. **Subject to Change.** My child(ren) may be required to transition to remote learning or between in-person and remote learning in compliance with the MI Safe Start Plan and corresponding Executive Orders for school closures and operations.

K. **Election Period** I understand that the school has relied upon my election for in-person instruction in planning for the 2020-2021 school year, including decisions concerning allocations of staff and resources, and unless required by an IEP/504 Team or determined by school to be warranted by changed or extenuating circumstances, this election for in-person instruction is made for the 2020-21 school year unless I follow the school process to change to the virtual platform.

I have carefully read and understand this in-person instruction election form. I have reviewed and discussed the requirements for in-person instruction with my child(ren). I understand that school officials are available to review and discuss this form with me and I have consulted with school officials to whatever extent I determined necessary to make this election. By signing this form, I understand that I decline the school's offer of a remote instructional program for the 2020-2021 school year and my child(ren) will be scheduled and assigned to in-person instruction, to the extent permitted by law and the school's Plan, and subject to continued compliance with this in-person instruction election form.

Signature of Parent/Legal Guardian

DATE: _____

Signature of Student age 18 or older

DATE: _____