

EXEMPTION FROM THE SYNCHRONOUS LEARNING PROGRAMThe Rainy River District School Board- Remote Learning

PARENT/GUARDIAN REQUEST

Student Name:			Grade:
Home School:			Date:
Teach	ers:		
follows: Studer	nts will be pro	Rainy River Distr	lian Name) acknowledge that I have received the rict School Boards Remote Learning Plan which reads as hronous learning as part of their scheduled learning
accord	ing to the fol	lowing:	
	Division	Grade Level	Daily Minimum Synchronous Learning Time Requirement*
			The higher of 60 minutes for each 75-minute class
	Secondary	Grades 9 to 12	period* or 225 minutes per day for a full course schedule
	Elementary		'
* The sy this ratio	Elementary	K-8	schedule The requirement of Kindergarten 180 minutes

I understand and fully support that an alternative learning approach will be implemented for my child which could include some or all the following: correspondence, print work packages or broadcast media instruction.

Parent/Guardian Signature	Office Use:
Copies to: Parent/Guardian Ontario Student Record File	Principal Signature of Acknowledgement of Exemption Request
	Date: