



Remote Learning Application Form

Please list each child in your family who plans to attend Covington Independent Public Schools 'Remote Learning Program' beginning the 2020-2021 school year. *(Please add additional children on back of form if more space is needed)*

Child's First and Last Name	Date of Birth	School	Grade Level	IEP (Y or N)	English/Language Learner (Y or N)

We have a reliable high-speed internet connection at our home or where my child(ren) will work. Yes No

My child(ren) need a computer from school to complete their remote learning at home. Yes No

*** Required to apply**

By checking here, I am applying to the Covington Independent Public School's online program for the 2020/2021 school year. I understand that I am committing to the program for at least the first semester, 18 weeks, through Christmas Break.

_____ *** I understand** ***Parent Name (Print):** _____

***Phone Home:** _____ **Cell:** _____

***Address:** _____

***Parent Signature** _____

(Please return to your child's school, the district enrollment center or central office school by 4 p.m., August 7)