



# DALE COUNTY BOARD OF EDUCATION

OFFICE OF BEN BAKER, SUPERINTENDENT

202 S. Hwy 123 Suite E

OZARK, ALABAMA 36360



PHONE (334)774-2355

WEB SITE: www.dalecountyboe.org

FAX (334)774-3503

## Remote Learning Enrollment Application 2020-2021

Date: \_\_\_\_\_

School: \_\_\_\_\_

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have internet access?

Yes  No

Does your child have a computer or device to use for remote learning?

Yes  No

What type device does your child have available for remote learning schoolwork?

PC/Desktop  Laptop  Tablet  Chromebook  None

Is your child being served by a current special education service?

Yes  No If Yes, what type?  IEP  504  Gifted

\*Remote learners will not be eligible for school meals.

\*Remote learners will not be eligible to participate in extracurricular activities (athletics, clubs, band, etc.)

\*Remote learners may only change learning option (remote, traditional) at the change of a grading period.

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FOR OFFICE USE ONLY

Remote Facilitator Assigned: \_\_\_\_\_ Date given to Facilitator: \_\_\_\_\_