



## REQUEST TO TRANSITION FROM FULL-VIRTUAL TO IN-PERSON LEARNING

This form is to be completed by any parent/caregiver who wishes to transition their child from the Full Virtual Learning Program to the In-Person Learning Program in any of our Tenafly Schools.

**Once completed, it should be submitted to the main office of the child's school via email to the school principal.**

While we seek to provide a response to you as soon as it is reviewed, we do ask that you please allow up to ten (10) days for a response to this request.

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**Child's name:**

### Indicate your Child's School:

- Mackay
- Maugham
- Smith
- Stillman
- Tenafly Middle School
- Tenafly High School

### Circle your Child's Grade/Class:

- Cubs     Paws     K     1     2     3     4     5
- 6     7     8     9     10     11     12

### I am requesting that my child transition to the onsite learning program: (select one)

On October 19

On: Indicate Month/ Day/ Year

I understand that this transition is subject to principal review and it may take up to ten (10) days for me to receive a response and/or for the transition to take effect. If applicable, I understand that cohort placement will depend on the current capacity of each cohort.

**I can be reached at:**

Parent's phone number: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**This section is for Principal/Administrative Use**

This request has been granted.

This student will be placed in \_\_\_\_\_ (enter grade/class/cohort here)  
as of \_\_\_\_\_ (enter start date here).

He/She is expected to fulfill all expectations of the in-person learning program from date of entry into this program.

**OR**

This request has NOT been granted for the reasons noted below:

This request will be revisited on/about \_\_\_\_\_.

Signature of Principal/Administrator \_\_\_\_\_

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