

Remote Learning Student Enrollment Form

First Name

Last Name

Date of Birth

Grade Level

Parent/Guardian Name

Email Address

Phone Number

Home Address

City

State

Zip Code

Preferred Remote Learning Platform

- ☐ Zoom
- ☐ Google Meet
- ☐ Microsoft Teams
- ☐ Other

Does the student have access to a computer or tablet?

- ☐ Yes
- ☐ No

Internet Connection at Home

Additional Comments or Special Needs