

# WASHINGTON COUNTY PUBLIC SCHOOL DISTRICT



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[www.washingtoncountyschools.ga.org](http://www.washingtoncountyschools.ga.org)

Board of Education  
 Mr. Chris Hutchings, Chairman  
 Mr. Sammie L. Knight, Vice Chairman  
 Ms. Gladine Thompson  
 Mr. Paul Turner  
 Mr. Tracy Giddens

Dr. Rickey L. Edmond  
 Superintendent of Schools

Dear Parents & Guardians,

It is very important to us that our students and staff are safe and comfortable in their environment this upcoming school year. We are working towards opening school as close to normal as possible. We miss our students very much and can't wait to have them back in school participating in hands on classroom experiences, the arts, and athletics! We have heard your concerns and have designed three options for you to choose from. At this time, we are anticipating the first day of school to remain the same.

Please take a moment to review the options below. These options have been carefully crafted and align with guidelines from the CDC and the DPH. We are working hard to ensure that your child has a safe, fun, and comfortable atmosphere to learn, grow, and play. Please complete the form on the next page that will outline your choice. **One form will need to be completed for each child.**

	Option A- Traditional Monday-Friday First day of school: August 7	Option B-Hybrid Tuesday, Wednesday & Thursday First day of school: August 11	Option C-Blended Remote Virtual/Distance Learning 100% from home
<b>Students will attend:</b>	Students will participate in the traditional classroom model.	Students will participate in distance learning on days they are not on site. *All work completed off site will be graded as if the student was in school.	Parents can choose between learning packets or online instruction via a web-based platform, such as a Zoom or Google Classroom. *All work completed off site will be graded as if the student was in school.
<b>Safety precautions include:</b>	<ul style="list-style-type: none"> <li>Multiple temperature checks</li> <li>Frequent hand washing/sanitizing</li> <li>Facemasks worn during passing and when students are within 6 feet of each other</li> <li>One-way hallways and/or staggered passing</li> </ul>	<ul style="list-style-type: none"> <li>Multiple temperature checks</li> <li>Frequent hand washing/sanitizing</li> <li>Facemasks worn during passing and when students are within 6 feet of each other</li> <li>One-way hallways and/or staggered passing</li> </ul>	When students are on any school campus for an activity, they would need to comply with the safety precautions put in place for that event.
<b>Duration/Timeframe:</b>	Students must commit to this option for the 1st 9-week period unless medical documentation is presented. Changes can be made, if necessary, at the end of the 1st 9-weeks.	Students must commit to this option for the 1st 9-week period unless medical documentation is presented. Changes can be made, if necessary, at the end of the 1st 9-weeks.	Students must commit to this option for the first semester. Changes can be made, if necessary, for the second semester.
<b>Athletics/Arts:</b>	Students can participate in the available extracurricular activities. Students will need to meet all regular criteria in order to be eligible to participate in extracurricular activities. all students participating in extracurricular activities will be expected to attend practices, games, and events as if you were attending school Monday-Friday. Parents & Guardians will be responsible for providing transportation to and from practice. Pending additional GHSA requirements.	Students can participate in the available extracurricular activities. Students will need to meet all regular criteria in order to be eligible to participate in extracurricular activities. all students participating in extracurricular activities will be expected to attend practices, games, and events as if you were attending school Monday-Friday. Parents & Guardians will be responsible for providing transportation to and from practice. Pending additional GHSA requirements.	Students can participate in the available extracurricular activities. Students will need to meet all regular criteria in order to be eligible to participate in extracurricular activities. all students participating in extracurricular activities will be expected to attend practices, games, and events as if you were attending school Monday-Friday. Parents & Guardians will be responsible for providing transportation to and from practice. Pending additional GHSA requirements.
<b>Assessments:</b>	Will be conducted during the school day.	Will be conducted during the school day.	Will be scheduled and conducted at designated times and locations.
<b>Food Service:</b>	Will be available M-F at the school sites.	Will be available M-F at the school sites.	Will be available M-F at the school sites.
<b>Transportation:</b>	Will be provided to and from school.	Will be provided to and from school.	Students will need to provide their own transportation to assessments/events.

**Please complete application on the next page**



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## LEARNING FORMAT SELECTION

**Please complete one form per child.**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (for August 2020): \_\_\_\_\_

What school will your child be attending? \_\_\_\_\_

Option (circle one):                    A                                    B                                    C  
   Monday-Friday                    Tues., Wed., Thurs.                    Remote

If you have chosen option A or B, will you be using the bus to get to and from school?                    Yes                    No

If you have chosen option B or C, do you plan on utilizing our Food Service on the days your child is not on site?                    Yes                    No

Does your child have any food allergies? \_\_\_\_\_

Please provide us with any medical concerns that your child may have: \_\_\_\_\_

Does your child have access to a device to complete school work from home?                    Yes                    No

Does your child have access to the internet to complete school work from home?                    Yes                    No

Parent Name: \_\_\_\_\_

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

Parent Phone: \_\_\_\_\_ Alternate Emergency Number: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Please return this form by July 13, 2020. Forms can be returned to your child's school or can be scanned and e-mailed to **2020learning@wacoschools.org**.

Reminder: your child will need to stay with their option for the time allotted in the chart before changes can be made. Exceptions can be made if medical documentation is provided.

Processed: <input type="checkbox"/>	Date: _____	Initials: _____
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