



Cannon County Schools

301 West Main Street Woodbury, TN 37190

William F. Curtis – Director of Schools Phone: (629) 201-4801 Fax: (629) 201-4830

REQUEST FOR CONTINUED DISTANCE LEARNING

To be completed by the Parent

Student Name: _____
Parent/Guardian Name: _____
Parent Email Address: _____
Address: _____
Home Phone: _____ Work/Cell Phone: _____
School: _____ Grade: _____
Does this student have a special education IEP? (Yes/No) _____
Is student passing ALL classes? (Yes/No) _____
Has student had any chronic attendance issues: (Yes/No) _____
Parent Signature: _____

To be completed by the Physician

This student is being referred for Distance Learning Instruction. Medical information is needed to plan an appropriate program. Please fill this document out completely in order for the student to receive this service. This information will be confidential and used only by the school personnel to make this determination.

Student: _____ or Household Member: _____ or Other: _____

Explain other: _____

Explanation by Physician for Distance Learning: _____

Estimated return date of student to the on-campus learning setting: _____

Please bear in mind that the Distance Learning Program is a temporary placement for students who must miss school due to COVID-19 related issues. There must be strong justification for this.

Signature of Physician: _____ Date: _____

Printed Name of Physician: _____

Specialty: _____

Physician's Address/Phone: _____

Email this form to: Cannon County Schools, Cannon County School Nurse, Leslie.pelham@ccstn.net

*****Individual schools will contact you with approval or denial for continued Distance Learning*****

For office use only:

Distance Learning: Approved _____ From _____ To _____

Director's Signature

Cannon County Schools Nurse's Signature

Principal's Signature