

LONNIE JACKSON ACADEMY

REQUEST TO CHANGE INSTRUCTIONAL SETTING

Parent's Name: _____ **Phone Number:** _____

Student's Name: _____ **Special Education:** **Yes** **No**

Teacher's Name: _____ **Grade:** _____

Student's current days absent: _____ **Student's current days tardy:** _____

Student's current grades (last progress report/report card)—PARENT MUST COMPLETE THIS SECTION.

_____ **Math**

_____ **Language Arts**

_____ **Reading**

Current Instructional Setting: **Virtual** **Traditional (face-to-face)**

Requested Change of Instructional Setting: **Virtual** **Traditional (face-to-face)**

In the space below, please describe the details that justify this change. Submit your completed request to the LJA front office staff at your convenience. Include supporting documentation for this change. **NOTE: No request will be considered unless it is complete. Your completed request will be considered and a decision will be made in 2-3 business days. You will be notified by phone of the final decision. THE DEADLINE FOR SUBMITTING YOUR REQUEST IS TUESDAY, DECEMBER 8, 2020 AT 12:00 NOON.**

Empty space for describing the details that justify the change.