

# Hancock Central School District

The Wildcat Pledge: We nurture and empower each learner's unlimited capacity to become a responsible citizen with a promising future.

Our Vision: Striving for excellence as an innovative, advanced and reflective school community.

Core Beliefs:

- Our mindset: We do whatever it takes to ensure continuous growth because we believe each of us can learn.
- Collaboration: We work better together, always.
- Innovation: We embrace creativity and advancing technology.
- Integrity: We trust, respect, support and care for one another.
- Learning environment: Our approach is engaging, learner-centered and adaptable to individual needs.
- Student centered: We put students first.

## Request for Remote Instruction 2021-2022

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

Parent/Guardian: \_\_\_\_\_

Medical reason for request for remote instruction:

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Name of Medical Provider: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**To Be Completed by Medical Provider: (attach additional sheets if necessary)**

Medical reason student is medically unable to attend in person instruction:

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Date of last examination: \_\_\_\_\_

Date student is expected to be able to resume in person instruction: \_\_\_\_\_

\_\_\_\_\_  
Medical Provider (signature)

\_\_\_\_\_  
Date

To be completed by the Chief Medical Officer of the Hancock Central School District:

I have reviewed the attached request for remote instruction and find:

a. I need the following information to approve the request

\_\_\_\_\_  
\_\_\_\_\_  
b. The request is not approved.

c. The request is approved.

\_\_\_\_\_  
Chief Medical Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

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## Request for Remote Instruction

Please complete the attached form and submit the required documentation of the medical necessity of remote instruction for your student. Your student's medical provider must sign the form. Requests for remote instruction will not be accepted on any other form than the attached form. **A new form will need to be completed by your medical provider every 30 days.**

Once the form is completed and submitted, the Chief Medical Officer will review the request and, if appropriate, approve it. Additional documentation may be requested prior to a final decision being made. **You will be notified if the request is approved.**