

Permission to Return to School BERLIN INTERMEDIATE SCHOOL

I prefer my child return to school on **November 16, 2020** for face-to-face instruction. I understand the health and safety guidelines that will be followed for a safe return to school.

*All students will wear a mask while in the building and at times when they cannot socially distance. It is recommended they pack an extra mask.

*All students will bring their iPad and Logitech crayon each day fully charged.

*All students should pack their charger and cord each day.

*All students are expected (with adult guidance) to maintain 6ft social distancing.

My child will need transportation.

To school pick up address: _____

From school drop off address: _____

My child will **NOT** need transportation.

I prefer my child **NOT** return for face-to face instruction and will continue to receive instruction virtually. I will use the QR code on the enclosed letter as well to indicate this preference.

Student Name: _____

Parent Name (printed): _____

Parent Signature: _____