



# PERSHING COUNTY SCHOOL DISTRICT

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## Pershing County School District APPLICATION For Consideration of a Transfer to PCSD COVID-19 Distance Education Program

To be completed by parents requesting a transfer to Distance Education

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Is your child in Special Programs: Special Education \_\_ 504 \_\_ ELL \_\_ Homebound \_\_

Not all students are successful in distance education or computer-based courses. Students who typically have success have the following: read at grade level, work well independently, work well with technology, have motivation, and have parental support for success. If a student is lacking in these areas, distance education may not be the best placement for the student's academic needs.

### Distance Education Expectations

Enrolled students have a 2-week trial period; if not on track, they will be transferred back to the school for additional support	Parents and students agree to and sign to follow a course plan that assigns 7 classes per 18-week semester
Students are expected to actively log into their classes and be on track at all times	Students are enrolled in 7 classes per semester in Infinite Campus
Students who do not actively log on weekly will be subject to attendance and truancy sanctions	Any class not completed by semester will receive a failing grade on the transcript
Students who do not make adequate progress throughout the semester will be transferred back to the school for additional support at the end of the semester.	Students transferred back to the school site due to lack of progress will not be eligible to reapply to the Distance Education Program for a period of two school years.
Students must have access to a Computer and broadband internet in their home.	

**Parent Statement – Explain the reasons you feel distance education would be a viable option for your child.**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*Please return this form to the school administrator for consideration and next steps\*\*

# TO BE COMPLETED BY PCSD ADMINISTRATION

Current Reading Level %: \_\_\_\_\_ (must be above 21st percentile)  
Yes No

Behavior Concerns:

Current Math Level %: \_\_\_\_\_ (must be above 21st percentile) Inclusion %: \_\_\_\_\_

Current Attendance Rate: \_\_\_\_\_ Other School-Based Supports/Accommodations:  
\_\_\_\_\_

9th-12th Only: Current Credit Total \_\_\_\_\_ On Track: YES NO GPA: \_\_\_\_\_

\*\*Transcript and NWEA student progress report (if available) may be attached to request form\*\*

**Student Background Information (please include historical enrollment, grades/academic performance, attendance, medical and behavioral concerns and previous placements and/or interventions)**

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**Special Programs Students:** A mandatory meeting must be held with special programs administrators or representatives and site-based administrators present at the meeting. This team will complete the remainder of this form if applicable.

**Date of Mandatory Meeting:** \_\_\_\_\_ **Attendees:** \_\_\_\_\_

**Special Programs Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date IEP Meeting Held:** \_\_\_\_\_ **Attendees:** \_\_\_\_\_

**Site Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Distance Education is a viable placement.** A plan for supports/accommodations has been developed. Parent/Guardian commits to support learning at home (explain including agreed-upon accommodations and other pertinent information to ensure success in the distance education program):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planned Transfer Date:** \_\_\_\_\_

**Distance Education is not an appropriate placement.** Request denied by School or Special Programs Administrator (explain):

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Site Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Staff will notify all stakeholders with official transfer date for approved students.**