

LEARNING MODEL AGREEMENT
Marysville Joint Unified School District 2020-2021

Reopening schools during COVID-19 is not an obligation the Marysville Joint Unified School District (MJUSD) takes lightly. Our first commitment is to the students and families we serve as it is our priority to keep them safe. The reopening plan aligns with recommendations from the Centers for Disease Control and Prevention(CDC), California Department of Public Health (CDPH), Yuba County Health and Human Services Department (HHSD), the California Department of Education's (CDE) Stronger Together guidebook, as well as considerations from our families and our staff.

NAME OF STUDENT: _____ **GRADE:** _____ **SCHOOL:** _____

***Please mark the LEARNING MODEL you would like your student to be enrolled in when in-person instruction resumes.*

[] **FULL ONLINE DISTANCE LEARNING MODEL:** Students will be enrolled in a classroom within their school of residence. All learning will take place through Chromebook, online curriculum. Students will not meet with the teacher face to face, but will have contact through Zoom, phone and/or email daily.

[] **BLENDED (Also known as HYBRID) LEARNING MODEL:** Students will be on campus twice a week, partial day (see schedule) with their classroom teacher. Students will stay within their cohort. *Students will need to eat breakfast at home and will be given a bagged lunch with a breakfast for the next day as students leave school. Transportation will not be provided.*

If you are choosing the BLENDED MODEL, the following safety procedures have been put in place to keep all students and staff safe while on our school campus. Please initial to indicate you have read and agree to all requirements:

_____ I agree to screen my child before leaving for school, check their temperature to ensure temperature is below 100.4 degrees, and to keep my child home if they have symptoms consistent with COVID-19, (*fever or chills, loss of taste or smell, cough, sore throat, shortness of breath/difficulty breathing, congestion/runny nose, fatigue, nausea/vomiting, muscle or body aches, diarrhea, headache*), or if they have had **DIRECT CONTACT, (within 6ft for 15 minutes or longer with a person confirmed as a positive COVID-19 case)**. *In addition, all students and staff will have a temperature check when entering the school.*

_____ ***I agree to pick up my child from school within 30 minutes if my child exhibits symptoms of COVID 19.***

*Per Public Health Guidelines, any student or staff member that comes in DIRECT CONTACT (within 6ft for 15 minutes or longer) with someone who is diagnosed with COVID 19 **will be** subject to quarantine by the local public health department for at least 14 days. Students and staff who are determined to be DIRECT CONTACTS of a person with COVID 19 will go on Distance Learning during the time of quarantine and return to the Blended Learning model after.*

_____ I will contact the school within 24 hours if my child has been a **DIRECT CONTACT** of a confirmed COVID 19 case.

FACE COVERINGS ARE TO BE WORN AT ALL TIMES TO PARTICIPATE IN THE BLENDED LEARNING MODEL:

Face coverings in combination with social distancing reduces the risk of transmission of COVID-19. They are to be worn at all times. The purpose of face coverings is to protect other people from getting sick. *****Students who are unable to follow the safety procedures will be subject to a modification or change of educational setting.***

_____ I understand that facial coverings will be required of staff, students, and parents when on campus. This would include but is not limited to the classroom, the playground, using restrooms, visiting the school office, cafeteria, hallways or when transitioning from class to class.

_____ If my child is home ill, they will still be required to make up missing assignments. Students required to isolate or quarantine will be placed on Distance Learning until they can return to the classroom.

DISTANCE LEARNING MODEL

_____ I understand that if I decide to enroll my child in **DISTANCE LEARNING ONLY**, I am committing to this program for the remainder of the school year, or until we go back to a Traditional School Model. Enrollment in the Blended Learning Model before the end of the school year will be subject to classroom space/availability to maintain 6ft. of social distancing in our classrooms.

PARENT SIGNATURE: _____

DATE: _____