



Hybrid Learning Declaration Form

Please fill out the following form for your child if you are choosing the Hybrid Learning Plan while St. Luke's School is implementing the full in-person learning plan. Please return this form, in-person to the Main Office, or return electronically to Marybeth Sullivan at mbsullivan@stlukesri.org

Student Name: _____ Date: _____

Grade/Homeroom Teacher: _____

Requested Start Date: _____

By signing below, you and your child acknowledge and pledge to adhere to the requirements as listed in the St. Luke's School [Hybrid Learning Plan](#) for the successful completion of instruction while learning remotely.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

*****FOR OFFICE USE*****

Approved by:

Principal

Date

Anticipated Start Date for the Student: _____

Distance Learning Liaison: _____

Anticipated Return to Full In-Person Learning for the Student: _____