



Thompson Public Schools FY 20/21

Learning Program & Transportation Selection Form

Please complete and return this form to the Office of the Superintendent, 785 Riverside Drive, North Grosvenordale, CT 06255 or by emailing Danielle Pederson, Dpederson@thompsonpublicschools.org by Friday, August 7, 2020 to select the learning program and transportation options for your child (children). A self-addressed envelope is provided to ensure your prompt response.

Learning Programs:

Full Time Learning Program: Student will attend school full time in school per BOE approved calendar.

Distance Learning Program: Student will attend school remotely from home per BOE approved school calendar. Thompson Public Schools will provide curriculum, instruction, and resources to support Distance Learning Program. Students are enrolled in Thompson Public Schools and may return to full time in school learning program with a one-week written notice.

Home School Program: Student will withdraw enrollment from Thompson Public Schools and will be instructed by an approved home school curriculum. Curriculum, instruction, and resources will be provided by the student's parent or guardian.

Transportation:

Attached, please find the health and safety guidance and requirements for all students riding on school buses provided by the district.

All students are required to wear a face mask prior to boarding a school bus and throughout the ride to school per Connecticut State Department of Education requirements. Please provide your child with an appropriate face mask that covers both the nose and mouth. Bus drivers will have a limited supply of masks on hand in case a student forgets their mask.

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Student: _____

Grade: _____

Learning Program: Select One Option

_____ Full Time Learning Program

_____ Distance Learning Program

_____ Home School Program

Transportation:

_____ My child (children) will use bus transportation service to and from school

_____ My child (children) will only ride the bus in to school

_____ My child (children) will only ride the bus home from school

_____ I will drive my child (children) to school

Please turn over to add additional children in your family.

Student: _____

Grade: _____

Learning Program: Select One Option

_____ Full Time Learning Program

_____ Distance Learning Program

_____ Home School Program

Transportation:

_____ My child (children) will use bus transportation service to and from school

_____ My child (children) will only ride the bus in to school

_____ My child (children) will only ride the bus home from school

_____ I will drive my child (children) to school

Student: _____

Grade: _____

Learning Program: Select One Option

_____ Full Time Learning Program

_____ Distance Learning Program

_____ Home School Program

Transportation:

_____ My child (children) will use bus transportation service to and from school

_____ My child (children) will only ride the bus in to school

_____ My child (children) will only ride the bus home from school

_____ I will drive my child (children) to school