

Sandman Consolidated School
838 Seashore Road

Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

Memorial School
2600 Bayshore Road

Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Maud Abrams School
714 Townbank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

Student's Name:

School:

Grade:

Please share the technology that the student will be using to receive full-time remote learning, including the student's device and internet connectivity capabilities:

Request for any service or combination of services that would otherwise be delivered to the student on an in-person or hybrid schedule (i.e., instruction, behavioral and support services, special education and related services:

Please note, for students with disabilities, the school district staff will determine if an Individualized Education Plan (IEP) meeting or an amendment to a student's IEP is needed for full-time remote learning.

Any additional information:

I am officially requesting that _____ receive full-time remote learning from Lower Township Elementary Schools. I understand that this written request must be provided to the building Principal at least 14 calendar days before the student is eligible to commence full-time remote learning. The Principal will respond with written approval within 3 days of receiving the request and the student may only begin full-time remote learning within 10 days after receiving written approval of the Principal.

Parent/Guardian Signature: _____

Date: _____

Date Received: _____