

**Option 4: Transitional Learners – Intent to Return to School**

(Please fill out a section for each child. If you have more than three children at the school please fill out an additional page).

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

1. Will be returning to school Tuesday, October 13
2. Will continue to learn from home

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

1. Will be returning to school Tuesday, October 13
2. Will continue to learn from home

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

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\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Email