

WILKINSON COUNTY SCHOOL DISTRICT

PO Box 206 | 197 W Main Street | Irwinton, GA 31042

Ph: 478.946.5521 www.wilkinson.k12.ga.us Fx: 478.946.5565

Dr. Aaron G. Geter Jr.
Superintendent



Dr. Virginia Rozier
Assistant Superintendent

Discontinuation of Virtual Learning Model Notice

The Wilkinson County Board of Education will be finalizing approval of the implementation of the following guidelines for continuation of participation in the Virtual Learning Model. Any student enrolled in the Wilkinson County School District that has not met the following academic expectations at the conclusion of the 1st Semester (January 3, 2022) will not be able to continue in the Virtual Learning Model.

- **Satisfactory Grades** – Kindergarten through 12th Grade students must **not** be failing 1 or more classes
- **Attendance** – Kindergarten through 12th Grade students must have logged a minimum of 45 hours of time on task
- **Medical Waiver**
 - Medical documentation from a certified medical doctor clearly defines or states that the student cannot or should not return to school.
 - Medical documentation must be provided to your child(ren)'s school administration prior to the end of the 1st Semester (January 3, 2022).

Any traditional student that is failing 1 or more classes **cannot** apply for Virtual Learning Model

I have received this form and understand the guidelines stated in order for my child to continue in the Virtual Learning Model.

Principal Signature

Date

Student Signature

Date

Parent Signature

Date

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Discontinuation of Virtual Learning Model Application

Due to the fact that my child did not meet the criteria to remain in the the Virtual Learning Model for the Wilkinson County School District, I am voluntarily enrolling my child into the Traditional Learning Model due to:

___ **Failing Grades** — My student is failing (1) or more classes.

___ **Attendance** — My student has **not** logged less than 45 hours of time on task.

___ **No Medical Waiver** — I can **not** provide medical documentation from a certified medical doctor that clearly defines or states that my student cannot or should not return to school.

**I have received this form and understand the guidelines stated above.
I have selected the following Learning Model for my child listed below:**

___ I am enrolling my child into the Traditional Learning Model for the second semester beginning January 5, 2021.

___ I am electing **not** to enroll my child into the Traditional Learning Model at the start of the second semester which begins on January 5, 2021. I acknowledge that my child is not currently meeting the academic and attendance expectations. I take full responsibility for my child's academic progress and understand that he or she may be retained or fail to meet the requirements to graduate.

Principal Signature

Date

Student Signature

Date

Parent Signature

Date

Parent/Guardian Name: _____

Student Name: _____ **Grade:** _____

Parent/Guardian Contact Numbers:

Cell Phone: _____ Home Phone: _____