



Procedures to Bring Individual Students Back to Campus

1. Students may be discontinued for remote instruction if one or both of the following are true in any class:
 - i. Student has a class average of 70 or below
 - ii. Student has 3 or more unexcused absences in a grading period
2. The principal will conduct a face-to-face or virtual parent conference with the parents or guardians at least **2 weeks prior** to requiring the student to come on campus.
3. Provide written notification of decision to parents using District letter template
4. **APPEAL:** Parent/guardian may appeal in one of two ways:
 - i. Submit a medical exemption along with medical authorization (attached)
 - ii. Request a transition meeting. District must schedule the meeting with **no less than 3 days' notice** and must allow the student to continue to learn remotely until the meeting has been held.
5. If the parent does not appeal or if, at the conclusion of the transition meeting, the district does not conclude with the parent that the student can be successful learning from home, **the LEA may require the student to transition to on-campus learning.**



Medical Certification for COVID-19 High Risk Exemption

Student name:	Campus:
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Return to in- person instruction medical certification exemption:

Should a student be identified to return to in-person instruction, but the student or an individual in his/her household has a high-risk medical condition as defined by the Centers for Disease Control, a medical certification form will need to be completed.

This form will need to be presented at the appeal meeting or emailed to the campus administration to claim the high-risk exemption for COVID-19.

Individual at Higher Risk: Individuals at higher risk for severe illness from COVID-19 are those individuals with certain underlying health conditions as designated by the CDC, which provides as follows:

Those individuals who are at higher risk of severe illness, as designated by the Centers for Disease Control (CDC), are those with conditions such as asthma, chronic lung disease, compromised immune systems (including from smoking, cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or use of corticosteroids or other immune weakening medications), diabetes, serious heart disease (including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and hypertension), chronic kidney disease undergoing dialysis, liver disease, or severe obesity.

To be completed by the Health Care Provider

Health Care Provider's Name: _____

Health	Care	Provider's	Address:
Type	of	/	specialty:
	practice	Medical	

Telephone: _____ Fax: _____

- Does the named student have an underlying medical condition deemed to be high risk for severe illness from COVID-19 as determined by the CDC and listed above? Yes No
- If yes, please provide the medical diagnosis of the underlying condition (as identified by the CDC) for this student.

Signature of Health Care Provider _____
Date