

COVID-19 Responsibility Agreement Form

Student Name(s)

Grade

I agree to complete a wellness check on each child living in my household enrolled at FDA every morning. Prior to starting my route to the Fort Dale Academy campus, I will assess my child's health by checking for fever and other symptoms associated with Covid-19. Should any symptoms be identified, I will notify the school immediately so proper precautions can be followed.

Parent Signature _____

Date _____

Virtual Learning Option Agreement Form

I agree to the terms of the Fort Dale Academy virtual learning option provided by Fort Dale Academy. I understand it is my responsibility to provide Internet access and a computer for my child(ren). In addition to providing the appropriate technology, I agree to report any situations to the head of school or a faculty member that may be deemed inappropriate or cause for concern.

This option is for a 9 week period. Upon your agreement, your child must remain on the virtual track for the full 9 weeks unless early release is approved by the head of school. If early release is granted, the student must return to the classroom setting immediately. These decisions will be considered on an individual basis.

Please check the quarter you wish to have your child receive instruction virtually. Only choose ONE quarter. Additional forms should be completed if more than one quarter is your preference.

1st 9 weeks _____

2nd 9 weeks _____

3rd 9 weeks _____

4th 9 weeks _____

*All tuition prices remain the same for the virtual and campus option.

Parent Signature _____

Date _____

Social Media Liability Pledge

I pledge to use the virtual classroom setting to further the education of my student, while also respecting the privacy of others. My child and I agree not to screenshot or video teachers or students during instruction being given through live streaming or recorded video. We agree not to share instructional situations through social media such as Facebook, Instagram, Snapchat, TikTok or other platforms. If a situation should occur, I will immediately call the school and report it to Fort Dale Academy administrators.

Parent Signature _____

Student Signature _____