

Oxford Academy Central School District plans to provide full time in person instruction for all students during the 2021-2022 school year consistent with any recommendations issued by the CDC, AAP, the NYS Education Department, the NYS Department of Health, and the Chenango County Department of Health. The District will provide reasonable accommodations, where appropriate, to support students with health needs in the school environment. However, it is recognized that there may be students in our school district with significant health needs that may be jeopardized in a community environment. To address the needs of medically qualified students for an alternative learning option, the district may develop alternative learning plans designed to assist the district to meet the individual needs of students who require alternative instruction for the 2021-2022 school year in accordance with the documentation provided on this form and collaboration with medical and service providers. All curriculum and content provided will meet graduation requirements and are aligned with NYS Learning Standards.

This form is for students in the Oxford Academy Central School District with significant health needs that prevent school attendance while COVID-19, including any variant, is prevalent in our community. It is to be filled out by the student's parent or person in parental relation and the student's medical provider. Upon receipt and review of the necessary documentation, the District will contact the student's parent or person in parental relation to discuss addressing the student's needs for the 2021-2022 school year. Medical providers may also be contacted for clarification. Instruction may be provided by remote synchronous instruction, by asynchronous instruction or any combination of instruction, or by traditional homebound instruction as determined by the District.

Instructions: Please print and attach additional pages as needed.

Please return to your child's Building Principal by September 8, 2021

STUDENT	INFORMATIC	N : to be fil	lled out bv	parent or	person in l	parental	relation to	student.

Student Name:		
DOB:	Grade:	
Parent/Person in Parental Relat	ion Name:	
Telephone Number of Parent/Pe	erson in Parental Relation: _	()
Student Name:		DOB:

MEDICAL PROVIDER INFORMATION: A licensed physician, physician's assistant, or nurse practitioner ("Medical Provider," below) who is caring for the student must complete this section in full.

Medical Provider Printed Name:		
License Number:	Telephone:	
Provider Address:		
Date Student Became a Patient:	, 20	

Please provide information on the student's significant medical needs. Where applicable, please clearly specify the student's medical condition, the impact of the medical condition on the student's ability to attend school for the 2021-2022 school year, and any limitations concerning the kind or duration of instruction caused by the medical condition.

Remote, homebound, or alternative instruction is intended for medically related absences based on the prevalence of COVID-19, rather than for short-term absences.

Will the student be unable to attend school in person as a result of the student's health needs?
□ Yes □ No If yes, please specify the period of probable absence: ______

Medical Provider Signature:	Date:	, 2021
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Based upon the above and the current status of COVID-19 in the community, I request instruction separate from the school building for my child for the 2021-2022 school year. I understand my child's instruction may be offered through a range of alternative accommodations. I understand this request will be revisited periodically throughout the 2021-2022 school year in light of the then current status of the COVID-19 pandemic in Chenango County, and that I may be required to submit supplemental documentation at that time.

Parent/Person in Parental Relationship Signature: _____

Date: _____, 2021