



**Learning Online – Fulltime Referral Form**  
TO BE SUBMITTED BY THE REFERRING SCHOOL

Lgl Last Name: \_\_\_\_\_

Lgl First Name: \_\_\_\_\_ Name Used: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/Town) (Postal Code)

Gender:  Male  Female  Unspecified Birthdate: \_\_\_\_\_ Grade level: \_\_\_\_\_  
MM DD YYYY

Email Address: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

**Contact Information:**

1.  Lives with

Relationship:  Father  Mother  Stepfather  Stepmother  Grandparent  Guardian

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

2.  Lives with

Relationship:  Father  Mother  Stepfather  Stepmother  Grandparent  Guardian

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**Reason for seeking fulltime Learning Online placement.**

Supporting medical documentation may be requested as part of the Duty to Accommodate process.

**At Home Learning Plan**

Include information such as access to technology, at home supports, etc.

**Helpful History**

- All of the applicable are included in the application: Attendance Report, ROA, and Report Card

---

**Permissions and Signatures**

- I grant permission to release all educational records and pertinent information from previous schools.
- I understand that Learning Online placements are reviewed monthly with the goal of a student returning to their base school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date