

Opt-Out Option _____, am requesting that my child(ren): (print parents' name) (print all child(ren)'s name you wish to opt-out) opt-out of face-to-face instruction at St. Mary's and instead attend St. Mary's via virtual learning due to concerns over the COVID pandemic. The dates that I am requesting for opting out are _____ (starting date) _____. These dates can be shortened or lengthened through my request and St (end date) Mary's approval. I understand that my child(ren) can not ride the bus until the beginning of the next semester. (Parent Signature) (Date) Approved by St. Mary's School

(Date)

Phone: (715) 443-3430

(St. Mary's Principal)