



Iowa City Community School District

Educational Services Center

Matt Degner

Superintendent of Schools

1725 North Dodge Street • Iowa City, IA 52245 • (319) 688-1000 • Fax (319) 688-1009 • www.iowacityschools.org

COVID-19 Application for the ICCSD PK-12 Online Learning Program

Submit to any school or to the Educational Services Center, 1725 N. Dodge St., Iowa City, IA 52245

During the 2021 school year, the Senate File 2310 allows if a parent or guardian notifies a district or nonpublic school in writing that a child, another resident of the child's residence, or one of the child's regular caretakers has a significant health condition that increases their risk of COVID-19, the district must make reasonable accommodations on a case-by-case basis to provide the child with the ability to attend school through remote learning.

Provision of accommodations pursuant to an individualized education program (IEP) or 504 plan will be determined by the child's 504 or IEP team. The district or school may collaborate with an AEA or another district or nonpublic school to deliver the remote instruction.

To be completed by parent or guardian:

1. Full Legal Name of Student:

2. Date of Birth: ____/____/____

3. Grade for 2021-2022: _____

4. Parent/Guardian: _____

5. Telephone Number(s) Home: _____ Cell: _____

6. Resident Address Street/Box, City, Zip: _____

7. Email Address: _____

8. Name of Individual with the Significant Health Condition: _____

a) Student's Relationship to the Individual with the Health Condition:

- Self
- Another Resident in the Child's Residence
- Regular Caretaker of the Child

b) Type of Health Condition: _____

c) The required written verification of the health condition from a physician or licensed health care provider has been attached/included with this application. Yes No

9. Home Attendance Area School: _____

10. The student will be enrolled in the following (check all that apply):

Regular Education

Special Education

11. Is your child currently eligible to receive special education services? Yes No

12. Is your child currently being evaluated for special education services? Yes No

13. Is your child currently receiving English Language Learning services? Yes No

14. Does your child have a 504 Accommodation Plan? Yes No

15. Desired date when Online/Remote Learning becomes effective _____

I certify the above information is true.

Signature of Parent or Guardian

Date Signed

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*CAUTION: Knowingly providing false information on this form will invalidate the application.

Date application was received: ____/____/____

Approved:

Denied:

If denied, indicate reason: _____