

Opt Out/Opt In Form

Subj: Lyndon Institute Opt Out/Opt In Form

Date: (_____)

I (_____) parent/guardian full name am authorizing (_____) student full name to "opt out" of in person instruction for the 2020-2021 school year.

I (_____) parent/guardian full name am requesting (_____) student full name to "opt in" of in-person instruction for the 2020-2021 school year. I understand that this form initiates the opt in process and that my student can not attend in-person instruction for one week after this form is signed and returned to student services. This option is only needed if you opt out and want to have your student begin in person instruction again.

By signing this form I acknowledge that I have read and understand the Lyndon Institute Opt Out/Opt In Policy for the 2020-2021 school year. I also acknowledge the attendance policy associated with the option to opt out. I understand the Opt Out/Opt In option is only for students currently enrolled as a student of Lyndon Institute.

This form must be returned to Student Services signed and dated.

Eileen.Goodrich@lyndoninstitute.org

Fax: (802) 535-3630

parent/guardian signature