

## Appendix 2: Request for Hybrid Learning Accommodation



**TREASURE VALLEY**  
CLASSICAL ACADEMY

### Request for Hybrid Learning Accommodation

Student Name: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Reason for Request:

- ☐ Immune compromised student or family member in the home
- ☐ Student has COVID-19 symptoms
- ☐ Student had contact with confirmed COVID-19 case
- ☐ Other unique circumstance (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Other Students in household:

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

#### For Office Use Only

TVCA Administration Approval: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_