



# MIDLAND PARK JR./SR. HIGH SCHOOL



## REQUEST TO RETURN TO IN-PERSON LEARNING

I am requesting that my child (named below) return to in-person learning for the 2020-21 school year.

I understand that this transition to in-person learning will occur on the first day of the next marking period.

I understand that Mr. Capuano will confirm approval of this request and will place my child on the appropriate cohort (A or B). The guidance office will advise me of my child's placement.

Student Name \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_

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

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

**Please complete this form and return to the Guidance Office**

Elizabeth Wall [ewall@mpsnj.org](mailto:ewall@mpsnj.org)  
Chessie Owens [mowens@mpsnj.org](mailto:mowens@mpsnj.org)

**SHIP students please return this form to the SHIP office**

Melissa Brockway [melbro@bergen.org](mailto:melbro@bergen.org)  
Kristin Rainbolt [krirai@bergen.org](mailto:krirai@bergen.org)