

HUDDLES

Remote Learning Classroom

Due to the Covid 19 virus many students are required to attend virtual classrooms either daily or a few days a week. It has become a burden on the parents, particularly if they are employed outside the home. With the formation of HUDDLES, we seek to relieve the stress of leaving their children unsupervised in a home classroom situation.

A HUDDLE will be composed of students from area schools who are not enrolled as students in the Jeter Learning Center, who need a place to do their virtual lessons in a supervised environment.

Students in HUDDLE groups must supply their own district issued laptop or Chromebook and earphones as well as pens, pencils, paper and any other necessary supplies.

Students in HUDDLE groups will abide by the same code of conduct, including dress codes, as students enrolled in the Jeter Learning Center.

Students must bring a schedule of their virtual classes and are required to be online for the scheduled sessions. Following the virtual classes, a student is to do their assigned homework. When a student has completed their virtual classes and their assigned homework, books and other quiet activities will be available for the remainder of the class day.

HUDDLE students must fill out all required forms including emergency information, health examination, medication/allergy releases, and hold harmless agreement.

Huddle students will bring a sack lunch and beverage.

Fees for HUDDLE students are \$37.50 per week payable on Friday for the following week. If paid monthly in advance, the fee is \$150 with no additional charge for months that have a 5th week. No adjustment or refund will be made for absences and unused days may not be carried over to the next week/month.

Temperatures will be taken before entering the building and social distancing will be maintained. Hand sanitizer will be available and its use encouraged. Masks are recommended though not required. An adult will be available to answer questions keep the students on task.

HUDDLE GROUP APPLICATION

Date: _____

Name of Student: _____ **Date of Birth:** _____ **Sex:** Male Female

Street Address: _____ **City:** _____ **State:** _____

Home Phone # _____ **Cell Phone #** _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Phone # _____

FOR OFFICE USE ONLY

School of record: _____ **Grade level:** _____

Forms required:

- **Health Examination/Birth Cert.** **Date:** _____
- **Medication/Allergy Release** **Date:** _____
- **Allergy Notification** **Date:** _____
- **Emergency Authorization** **Date:** _____
- **Virtual Class Schedule** **Date:** _____
- **Hold Harmless Agreement** **Date:** _____
- **Other:** _____ **Date:** _____

FEES PAID: **Monthly** **Weekly** (Insert date & check # in appropriate space)

Sept. Oct. Nov. Dec. Jan. Feb. Mar. Apr. May June

1st										
2nd										
3rd										
4th										
5th										