



**Tattnall County Schools
Hardship Appeal for Virtual Learning
2020-2021**

Information about the appeals process:

- Hardship appeals should be submitted to the Board of Education Attn: Dr. Kristen Waters. Any pertinent information supporting the appeal should be included with the Hardship Appeal form.
- After the Appeal form is received, the Appeal Committee will review the appeal. This committee will review appeals weekly.
- Once reviewed, the Appeal Committee will communicate its decision via email and US Postal Service to the parent/guardian. A copy will also be sent to the school's principal.
- Please be sure you have read all Virtual and Traditional guidelines on the school website before completing the appeals process.
 - Traditional Learning:
<https://drive.google.com/file/d/1MY1mV-E5XtVOXZ7c6Qs67lb4TnVmMrQb/view>
 - Virtual Learning:
<https://drive.google.com/file/d/1o7kDrG7MsmSa0Wi5P3PSejC5AF0JoPBh/view>
- Hardship appeals are limited to one appeal per student.



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Submit completed and signed form to Dr. Kristen Waters. Completed forms may be submitted to Tattnall County Board of Education Office or as an attachment via email to krwaters@tattnall.k12.ga.us

Student Name: _____ School Enrolled: _____

Name of Parent/Guardian: _____ Grade for 2020-2021: _____

Mailing Address: _____

Parent Email Address: _____

Please check which one of the following you are requesting:

- Move child from Traditional Learning to Virtual Learning
- Move child from Virtual Learning to Traditional Learning

Please explain the hardship encountered that requires you to change your child's instructional setting: (Attach any additional documentation)

I have read and understand this form and agree to the following:

- My signature below verifies that all the above information on the hardship appeal is correct.
- I understand that appeals are limited - only one appeal per child is permitted.
- I have read and understand the stipulations associated with this appeal.
- The result of the appeal will be emailed/mailed to the above addresses.
- This form is not valid unless signed by the parent or guardian.

Parent Signature: _____

DO NOT WRITE BELOW		Date Received: _____
_____ APPROVED	_____ NOT APPROVED	_____ VOID
Signature of Reviewer: _____		Date: _____

