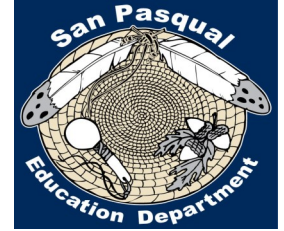




Tele-Education Virtual/Distance Learning Needs Intake Form



Parent / Guardian Name

San Pasqual Enrolled Family Member and #
and relation Parent and Student

Physical Address

City

State

Zip

Mailing Address

City

State

Zip

Parent E-mail Address

Cell Phone

Parent/Guardian Cell Phone

Home / Work Phone

My child is currently enrolled in a Virtual Educational Learning Program for school. I have the following Virtual Learning needs for my household. I have attached proof of school enrollment and confirmation that my child's school does not provide the follow equipment for virtual education needs during the pandemic, and the following equipment is required for their virtual schooling.

Please sign to verify: _____

My child's school does NOT provide:

Laptop

Router

Printer

Wi-Fi

Software

Please select which option(s) apply:

Request for Equipment

Reimbursement for Equipment / Wi-Fi

Reimbursement for Equipment Insurance

Are the below students registered at the San Pasqual Education Department? Y / N

Would you like your children to receive San Pasqual Education Department? Y / N

Would you like to receive emails on from San Pasqual Education Department for programs services and Education information? Y / N

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

School Address _____

School phone number _____

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

School Address _____

School phone number _____

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

School Address _____

School phone number _____

Student Name: _____

Date of Birth: _____ Grade: _____

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