

**Option 4: Transitional Learners – Intent to Return to School**

(Please fill out a section for each child. If you have more than three children at the school please fill out an additional page).

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

- 1. Will be returning to school Monday, November 16

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

- 1. Will be returning to school Monday, November 16

Name: \_\_\_\_\_ Div. # \_\_\_\_\_

- 1. Will be returning to school Monday, November 16

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

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