

Neptune City School District 210 West Sylvania Avenue Neptune City, NJ 07753 732-775-5319

www.neptunecityschool.org

August 17, 2020

Dear Parents and Guardians,

I sincerely hope this communication finds you and your families safe and well. I am very excited for the start of our 2020-2021 school year and I look forward to meeting you and your children.

Our Restart Plan was developed by our Restart Committee with the paramount focus of health and safety and with the knowledge that a majority of our parents and guardians desire students returning to school if safe to do so.

As we finalize our Restart Plan which consists of reopen, remote, and hybrid considerations, we need to be prepared to pivot between these three considerations on a moment's notice. Here is some important information to help you make your decision:

- **Reopen -** With a large list of new health, safety, and cleaning protocols, when we reopen and until there is a vaccine for COVID-19, we will be in school five days a week on a reduced instructional day in the building for all students from 8:20 AM 12:40 PM. Our staff will also provide synchronous remote instructional support online from 2:15 3:00 PM after the students are home.
- **Remote** If we need to pivot to remote, all students will be expected to be online learning from home from 8:20 AM 12:40 PM with their device provided by the school district. Our staff will also provide synchronous remote instructional support online from 2:15 3:00 PM.
- **Hybrid** If we need to pivot to hybrid, this will be a combination of reopen days and remote days that may be required by the health and safety directives at the time.

While we work to have our students safely return to school, Governor Murphy has directed that Parents and Guardians have the option of selecting all remote instruction for their children.

Please immediately complete and return this form either by email or in the postage paid envelope. This information will assist us in our planning.

Thank you,

Dr Raymond F. Boccuti

Dr. Raymond J. Boccuti
Chief School Administrator, Principal



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Child's Name:	Child's Grade:
Child's Name:	Child's Grade:
I will have my child/children follow the Restart Plan as determined by the school district. (Circle your choice) YES NO	
(If you selected "NO," please complete this next box) I choose for my child/children to have remote instruction from home and I understand that, if I select "Yes" for this option, there will be no change of this selection until the end of the first marking period on 10/29/2020 (Circle the following "YES" to confirm this choice) YES	
(Complete the following boxes) My child/children have Internet access at home. (Circle your choice) YES NO	
If "YES" my Internet provider at home is:	
(Parent/Guardian Signature)	(Date)