FCPS Online Preparation Form

Below are several questions that the school requires you to answer to prepare for any lockdown that may alter our teaching and learning program. Please fill out the form and then return it to the school's front office.

1. Preferred Contact for Online Learning (Parent/Guardian's name)

First	
Last	
2. Ph	one Number
Pleas	e include your phone number for the preferred contact listed above.
_	nat is the best time to telephone your child if needed?*
	Morning 9am-11am
	Midday 11am- 1pm
	Afternoon 1pm- 3pm
they	No phone, I prefer email, Seesaw, Dojo or Connect ose a preferred time or multiple times. Please be aware that if teaching staff are not allowed on school sites, will only be able to communicate via email, Seesaw, Dojo, or Connect, etc. Under the Department of ation, regulations staff cannot provide personal phone numbers to parents or students.
	st Email Contact Address
	ease tick the statements that apply to you and your child(ren)'s situation at home
	My child(ren) have internet access at home.
	We have a printer in our house.
	As a parent, I have been able to access CONNECT (Year 6 students)
	As a parent, I have been able to access EMAIL (Year 2, 3, 4, 5 & 6 students)
	As a parent, I have been able to access DOJO (Year1)
	As a parent, I have been able to access SEESAW (Kindy, Pre-primary, & Year 1)
	My child(ren) have NO internet access at home.
	nat is your data allowance (the limit for downloads on available devices)?*
0	Small < 10GB per month
0	Moderate 40GB per month
С	Large >100GB per month
0	I have NO download capability
Pleas •	
7b. V	Vhat devices does your Child One have access to?

- PC or Mac (either Desktop or Laptop)
- □ Tablet or iPad
- Parent's Mobile Phone
- No devices for online access

Choose a preferred device or multiple devices.

8a. Child Two's Name (First and Last Name)
Please include the details of Child Two.
Child Two's Classroom Number
Child Two's Year Level
8b. What devices does your Child Two have access to?
PC or Mac (either Desktop or Laptop)
Tablet or iPad
Parent's Mobile Phone
No devices for online access
Choose a preferred device or multiple devices.
9a. Child Three's Name (First and Last Name)
Please include the details of Child Three.
Child Three's Classroom Number Child Three's Year Level
 Child Three's Year Level 9b. What devices does your Child Three have access to?
PC or Mac (either Desktop or Laptop)
Tablet or iPad
Parent's Mobile Phone
No devices for online access
Choose a preferred device or multiple devices.
10a. Child Four's Name (First and Last Name)
Please include the details of Child Four.
Child Four's Classroom Number
Child Four's Year Level
10b. What devices does your Child One have access to?
PC or Mac (either Desktop or Laptop)
Tablet or iPad
Parent's Mobile Phone
No devices for online access
Choose a preferred device or multiple devices.

11. Any specific comments or messages for your child(ren)'s teachers.