

Parent Survey

Embrace - Educate - Empower

Reimagining Marathon - 2020 Ready

Parents/Guardians,

As we await the Governor's announcement for the reopening of schools in the fall, we are working on our 2020 reopening plan. We need some assistance from you. We ask that you complete this survey and return by August 5th to Marathon CSD, 1 Park St., Marathon, NY 13803 or scan the completed survey and email it to eusonh@marathonschools.org.

Name of Parent completing the survey: _____

Transportation:

Complete this information for each child living in your household and attending Marathon CSD in the fall. We encourage parents to transport their children to help with distancing students on buses. For those who choose to transport, they will be making a commitment to do so for the first 10 weeks of school. Parents will have the opportunity to make changes 2 weeks prior to every school quarter (10 weeks).

*Students riding the bus will have assigned seats and will wear masks. They will sit in a seat by themselves or they may share with others in the same household. Parents are only allowed one pick up location and one drop off location. Transportation request changes will **not** be accepted during the 10 week duration.

Student Name: _____ Grade _____

To School:

_____ Will not be riding the bus (Parent drop off will be between approximately 8:05-8:25 AM)

_____ Will be riding the bus

_____ Will be riding the bus only to school

_____ Will be riding the bus only from school

Address of pick up location:

Address of drop off location:

Student Name: _____ Grade _____

To School:

_____ Will not be riding the bus (Parent drop off will be between approximately 8:05-8:25 AM)

_____ Will be riding the bus

_____ Will be riding the bus only to school

_____ Will be riding the bus only from school

Address of pick up location:

Address of drop off location:

Add additional sheets if necessary

Internet Access

This information will help us determine at what level at home, on-line learning your children can do.

Please check one of the following:

The location where my children will be for remote learning has:

_____ Excellent internet connection - More than one person can watch a video/Zoom at once.

_____ Good internet connection - Only one person can watch a video/Zoom at once.

_____ Poor internet connection - We have internet, but video capability is sporadic or absent.

_____ Internet connection via personal cell phone only.

_____ No internet connection.

Computer Access - check one of the following:

_____ My child(ren) have access to their own computer (Personal computer)

_____ My child(ren) have access to their own computer (School computer)

_____ My child(ren) have access to a shared computer (Personal computer)

_____ My child(ren) have access to a shared computer (School computer)

_____ My child(ren) have access to NO computer

Returning to In-Person Learning

_____ My child(ren) will be returning to school for in-person learning in the Fall

_____ My child(ren) will be learning remotely due to one of the following reasons:

My child or a household family member is a(n):

Individuals age 65 or older; Pregnant individuals; Individuals with underlying health conditions including, but not limited to: chronic lung disease or moderate to severe asthma serious heart conditions; immunocompromised; severe obesity (body mass index [BMI] of 30 or higher); diabetes; chronic kidney disease undergoing dialysis; liver disease; sickle cell anemia; children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children.

*If parents choose not to return their child to in-person learning when schools open, parents must commit to completing remote - online learning for a minimum of the first 10 weeks of school. Parents will have the opportunity to make changes 2 weeks prior to every school quarter (10 weeks). Daily attendance and participation will be required.