



The Rockaway Borough School District is asking you to please complete the below survey and return it to your child's classroom teacher **no later than Wednesday, March 11th**. Thanks in advance for your cooperation!

1. If our school district were to close due to health related reasons, do you own a personal device that your child(ren) could use for distance/online learning?

Yes _____

No _____

2. I have internet access at home.

Yes _____

No _____

Please print your child's First/LastName: _____