## K-12 Student Learning Platform Permission Slip

Dear Parent/Guardian,

Your child's participation in our K-12 Student Learning Platform requires your permission. Please complete the following form.

## **Student Information** Student Name Grade School Name **Parent/Guardian Information** Parent/Guardian Name Phone Number **Email Address Permission Statement** I give permission for my child to participate in the K-12 Student Learning Platform. I understand that participation may include access to online educational resources and communication tools under teacher supervision. I agree to the terms above. Parent/Guardian Signature Date