

Parent Consent for Classroom Activity Recording

Dear Parent/Guardian,

We request your consent to record classroom activities involving your child for educational purposes. The recording will be used for class review, teacher assessment, or educational materials. Please complete the form below.

Student Name

Parent/Guardian Name

Class/Grade

Teacher Name

Consent

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I give permission for my child to be recorded during classroom activities.

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I do not give permission for my child to be recorded during classroom activities.

Additional Notes (optional)

Parent/Guardian Signature

Date