

Virtual Parent-Teacher Meeting Consent Form

Student Name

Class/Grade

Parent/Guardian Name

Relationship to Student

Contact Email

Contact Phone Number

Consent Details

By completing this form, I acknowledge that I consent to participate in virtual parent-teacher meetings regarding the above-named student. I understand that the meeting may be conducted via online platforms and agree to the guidelines provided by the school.

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I give my consent to participate in the virtual meeting.

Additional Comments

Parent/Guardian Signature

Date