

Virtual Learning Parent/Guardian Consent Form

Student Information

Student Name

Grade

Student ID

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Email

Phone Number

Consent

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I hereby give permission for my child to participate in virtual learning activities provided by the school.

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I agree to support and ensure adherence to the guidelines and policies regarding virtual learning.

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I understand and consent to the use of required technology platforms for virtual learning.

Additional Comments/Concerns

Parent/Guardian Signature

Date

