

**Virtual Learning FERPA Consent Form**

My name is \_\_\_\_\_ (Parent/Guardian Printed Name) and I am the parent/legal guardian of \_\_\_\_\_ (Student).

I understand that, as a virtual education student, my student will take part in online learning activities which may include videoconferencing or other communications with his or her teacher and classmates.

I understand that during those communications, the District will not have the ability to limit or monitor the individuals supervising students participating in virtual learning.

I understand that by allowing my child to participate, I am:

- Allowing my student to participate in a group virtual learning platform where he/she can see and participate in lessons with other students; and
- Allowing my student to be viewed during these virtual learning activities by other students who are participating in the same virtual learning activity and their families or caretakers monitoring them during the activity.

I also understand that, while unlikely, observers and/or participants in the virtual learning activity may overhear or view personally identifiable student record information of my student.

I fully consent to my child’s participation in the above-mentioned virtual learning activities, and any other virtual methods of participation during my student’s enrollment in virtual coursework. I understand that personally-identifiable student record information belonging to my student may be discussed in my student’s courses, which may be overheard by the families, caretakers, or other individuals supervising students during virtual learning activities. I consent to the release of personally-identifiable student record information belonging to my student during virtual learning activities as described herein, in order to ensure my student is able to fully participate in virtual learning coursework.

I understand that I may revoke this consent at any time. I also understand that if I do not provide this consent, my student may not be able to fully participate in virtual learning courses.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This release is in effect until (check one):

- My student is no longer enrolled in virtual learning courses in the District.
- The following date: \_\_\_\_\_