

Robert F Kennedy Charter School



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Robert F. Kennedy Virtual Learning Permission Form

This form is intended to seek permission from parents/guardians on two issues related to virtual learning. Please read carefully and submit with a signature.

Date (Month, day, year): _____.

Your Child's Last Name: _____.

Your Child's First Name: _____.

Child's Grade: _____.

Virtual class sessions (Google Meets) may be recorded and shared via Google Classroom to support students who may need additional help. During virtual class sessions, student cameras may be requested to be turned on periodically to allow for interaction between students and teachers. Robert F. Kennedy requests permission for your student's camera to be on periodically during recorded virtual classes or virtual group work sessions. Recordings will only be posted to the Google Classroom page associated with your student's class. Only students in your student's class section will have access to the Google Classroom page where the recording will be posted.

- I grant permission for my child's camera to be on periodically during recorded class sessions.
- I do not grant permission for my child's camera to be on periodically during recorded class sessions. I understand that my child's camera is requested to be on periodically during all non-recorded portions of class. I further understand that when my child's camera is off, interaction between my child and other students and/or the teacher may be limited.
- I grant permission for my child to attend one-on-one office hours with RFK Staff should the academic need arise.
- I do not grant permission for my child to attend one-on-one office hours with RFK Staff

Parents Signature