

Archdiocese of Philadelphia – Queen of Angels Regional Catholic School Virtual Classroom Permission Form

Parent/Guardian Acknowledgment Form

Family's Name: _____

In order to provide continuity of instruction as a result of the COVID-19 pandemic, the Catholic schools in the Archdiocese of Philadelphia will use a variety of teaching methods, including virtual classroom activities. Participation in virtual classroom activities is subject to school policies and regulations, including, but not limited to: student conduct/behavior and responsible use of technology.

I understand that my child's instructor may conduct virtual classroom activities through video conferencing. Be aware that video, including audio, will be used for teaching purposes only. If you have questions or need assistance with virtual classroom activities, please contact your child's instructor.

I further understand that my child is participating in a virtual academic setting, and that the information transmitted is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses.

By signing below, I acknowledge that my child's name, image, likeness, speech, their typed or written content, as well as their grade and course information may be transmitted during video portions of remote learning and online instruction. As a reminder, lessons will not be recorded and those learning virtually are not permitted to record the class session.

Parent/Guardian Signature: _____

Parent/Guardian Name (Please print): _____

Date: _____

****Please return this acknowledgement form to the main office. ***