

**Our Lady of Calvary School**

**Archdiocese of Philadelphia**

**Virtual Classroom Video/Audio Recording**

**Parent/Guardian Acknowledgement Form: Grades 1 – 8**

Student's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

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 must be under the supervision of the parent/guardian, and is subject to school policies and regulations, including, but not limited to: student conduct/behavior and acceptable use of technology. Students must also:

- Be respectful and participate.
- Use correct names and appropriate backgrounds.
- Remain active, engaged, and visible in a chair at a work station (not in bed)
- Adhere to face-to-face policies (not on cell phones, etc)
- Keep their camera on so the teacher can view them.
- Wear school uniform.

Failure to comply with the above regulations will result in removal from the virtual option and/or expulsion from school depending on the severity of the misconduct.

Understand that your child's classroom teacher will conduct virtual classroom activities. Be aware that video, including audio, will be used for teaching purposes, and teachers will record classroom activities for educational purposes. Before a teacher begins recording an activity, the teacher will let the students know that the class is going to be recorded. The recordings will be stored, accessed, and disposed of in accordance with the guidelines established by the Secretary for Elementary Education for the Archdiocese of Philadelphia.

On site or virtual attendance will involve a commitment for the entire first trimester. Depending upon circumstances, the remaining trimesters may be reevaluated.

My signature below indicates my understanding and acknowledgement for video and audio recording of my child during virtual classroom activities.

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

Parent/Guardian Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this acknowledgement form to [j.costello@olcalvaryschool.org](mailto:j.costello@olcalvaryschool.org) by 8/14/20.**