**Student Work and Media Permission Form 2020-2021**

Dear Parents,

In order to foster an authentic and exciting learning atmosphere, some activities might need student work to be sent outside the classroom. This could be in the form of a writing competition, science project, etc. Due to this, I require your consent to being able to send your child’s work outside of the classroom. I will do my best in communicating when these things are happening so you are able to ask questions. All activities will be strictly in an educational related activity. Internet/online safety will be taught and revisited regularly as needed.

We might be contacting and “experts” in the field through the form of letters, video, and phone calls. These will all be monitored by a staff member. Examples are letter writing to community leaders, video interviews to industry professionals (ie: scientists, , historians, etc), and video correspondence with partner schools. This will primarily be through Flipgrid, Skype, and possibly Youtube.

 Our class Instagram account is **sjbjuniorhigh2021** if you have Instagram and want to follow us. The account is private, so I control who is able to view the images on the account.

 Mr. Toni’s class Youtube Channel is **Will T** and will be linked through the portal.

Information that will be shared are: first name, last initial, school name, grade, picture/video (if required). Please do not hesitate to contact me if you have any questions and/or concerns.

*Please check* ***all*** *the options that you agree and consent to.*

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| **Student Work** ex: writing competitions, outside of classroom educational activities | * I give permission to share their work (written, audio, video) in any other events that are educationally appropriate and relevant
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| **Outside Media***ex: video calls with experts in the field, video calls to other classrooms, educational activities that involves picture/video* | * I give permission to share their first name and last initial
* I give permission to share pictures that include my child
* I give permission to for my child to participate in video calls
* I give permission to share videos of my child on YouTube (Mr. Toni’s classroom YouTube page. Videos are deleted at the end of the year)
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*Please fill in the information below.*

Student’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_