

Covenant United Church of Christ

Parental Consent for Zoom Virtual Tutoring

Student Name _____

Student Date of Birth _____

Student Grade Level _____

Student School _____

School Address _____

Student Email Address _____

Parent/Guardian Name(s) _____

Parent/Guardian Email Address _____

Parent/Guardian Telephone Number _____

Parent/Guardian Address _____

There will be an adult present for the purpose of monitoring the interaction with the tutor when my child is engaged in Virtual Tutoring Sessions. My child and I will adhere to the guidelines for the tutoring sessions. _____ initials of Parent/Guardian

I give my consent for my child _____ to participate in the tutoring sessions: _____ Yes _____ No

Parent/Guardian Signature _____

Date _____

Received _____