

Archdiocese of Philadelphia
Virtual Classroom Video/Audio Recording
Parent/Guardian Acknowledgment Form

Student's Name: _____

Classroom Teacher's Name: _____

School: _____

In order to provide continuity of instruction while schools remain closed 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 acceptable use of technology.

I understand that my child's instructor may conduct virtual classroom activities. Be aware that video, including audio, will be used for teaching purposes, and at times, teachers may record classroom activities for educational use/purposes. The recordings will only be shared within the school setting for students unable to attend the virtual classroom activity in real-time. Video recordings will be available for download so that School students may access said recordings during remote learning, but such use will be limited to School students only. School students can view them online or offline in coordination with their daily instruction. Any use of said virtual academic content outside of School's instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited. This prohibition also extends to sharing such recordings to non-School students.

The recordings will be stored, accessed, and disposed of in accordance with the guidelines established by the Office of Catholic Education for the Archdiocese of Philadelphia.

The instructor will provide advance notice of recording a classroom activity. If you have questions or need assistance with virtual classroom activities, please contact your child's instructor or -----.

I hereby consent to the School's collection, use, and/or disclosure of information about my child through video conferencing and recording applications and other manual and/or electronic procedures utilized within course instruction. I understand that my child is participating in a virtual academic setting, and that the information collected is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses. The information supplied to the instructor and/or School is meant solely for educational and class related use.

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.

Parent/Guardian Signature: _____

Parent/Guardian Name (Please print): _____

Date: _____

Student Signature (if high school): _____

Date: _____

****Please return this acknowledgement form to
St. Joseph/St. Robert School Front Office****