



Online Parental Consent Form

Please complete this form to grant or deny consent for your child to participate in virtual courses through Three Rivers Partnership. Parental guidance during activities is recommended but not required.

* Indicates required question

Email*

Child's Name (you may enter all of your children)*

Parent's Name: Last, first*

Parent's Phone Number*

I consent to allowing my child/children to take virtual classes through Three Rivers Partnership. I also consent to allowing my child/children to participate in online activities as requested by the Three Rivers Partnership. I acknowledge that it is my personal responsibility to monitor and/or filter my child's online activity, as the Three Rivers Partnership does not monitor any activity outside of the specified assignment.*

Circle one Below:

Yes, I provide consent.

No, I do not provide consent.

By signing your name below, you understand that you agree to allow your student to take online classes with Three Rivers Partnership for the duration of enrollment. You further understand that Three Rivers Partnership and Three Rivers Community Schools will rely on this signed document in ink.

Signature (Name constitutes signature)*

Date* _____