

HYDE PARK CENTRAL SCHOOL DISTRICT  
CONSENT FOR ONLINE SYNCHRONOUS STUDENT PARTICIPATION

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Hyde Park Central School District requests consent to provide synchronous student support sessions between the teacher/provider and students through an online medium for your child:

Student name: \_\_\_\_\_ School/Grade: \_\_\_\_\_ Student ID: \_\_\_\_\_.

I understand and agree that

- the District's Code of Conduct applies to remote learning.
- Attendance during remote sessions will be recorded by the student responding to a posted question in each assigned class within that day's 24-hour period;
- neither my child nor I may re-disclose or intentionally breach the confidentiality of the synchronous sessions, nor in any way interfere with the ability of the teacher/provider to provide the sessions;
- these sessions will not be recorded at any time by parents or students, either through the student's device, cell phone, or other external device;
- these synchronous sessions are for students only and that I will contact the teacher/provider separately with any questions or concerns I have as a parent or guardian;
- if either my child or myself intentionally breach confidentiality, this could constitute a basis for discontinuing access to this synchronous opportunity;
- the Hyde Park Central School District will make every reasonable effort to prevent the inadvertent disclosure of students' personally identifiable information (PII) while synchronous sessions are being provided through an online medium; however, I also acknowledge that the provision of this access presents unique challenges and risks to maintaining confidentiality of PII, and that, notwithstanding those challenges and risks, I consent to my child's participation;
- can participate with voice and video, or just voice;
- my student will participate in synchronous sessions hosted by a teacher/provider, and the session may include some or all of my student's classmates;
- these sessions may include small group support sessions.

Please sign and return the enclosed consent form as soon as possible so that we can make this opportunity available for your child. If you are unable to sign this form, please email your consent back with your name and relationship to the student.

Please check one box:

- I hereby grant consent for online synchronous sessions  
 I do not grant consent for online sessions

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

(Print Name): \_\_\_\_\_ Date: \_\_\_\_\_