STUDENT AV RELEASE AND MOU

☐ By checking the box to the left, **I am** authorizing Virtual Arkansas to use audio and/or visual representations of my child/legal dependent in class recordings, publications, websites, video presentations, or any other electronic or published media, to promote or communicate the advancement of Virtual Arkansas digital courses.

OR

☐ By checking the box to the left, **I am not** authorizing Virtual Arkansas to use audio and/or visual representations of my child/legal dependent in any way, as described above. However, **I DO** give permission for my child to participate in the interactive Zoom sessions which may be recorded and used in Virtual Arkansas staff-only events, such as instructor evaluations.

This Audio Visual release and Memorandum of Understanding must be signed and returned to the facilitator within the first 10 days of entering a Virtual Arkansas course. ***This release will be maintained by the local school.***

Parents: Please sign below to indicate that you have read and understand the Virtual Arkansas Student Handbook.

_____ _____

(Parent/Guardian Signature) **Date**

PARENT/GUARDIAN CONTACT INFORMATION

Please provide one parent/guardian email address and one parent/guardian phone that may be used to communicate student progress.

Parent/Guardian Signature: _____

_____

Parent/Guardian Email: _____

_____

Parent/Guardian Phone Number: _____

STUDENT MEMORANDUM OF UNDERSTANDING

1. It is my responsibility to familiarize myself and abide by all Virtual Arkansas policies as outlined in the handbook. The Student Handbook may be accessed at https://virtualarkansas.org/studenthandbook.
2. I will maintain appropriate classroom behavior as outlined by my high school handbook (if applicable), the Virtual Arkansas Student Handbook, and my digital learning teacher classroom procedures.
3. I will be respectful to all digital learning teachers, facilitators, and other students participating in class.
4. I will actively participate in my digital learning experience.
5. I will not willingly participate in activities that are dishonest, including, but not limited to, cheating, academic dishonesty, and plagiarism.
6. I will follow the computer usage guidelines of my local school district (if applicable), and my digital learning teacher, and make every effort to attend the Zoom sessions.
7. I will make my digital learning class a priority and make every effort to access the course content daily.
8. I will take the responsibility to obtain and complete missed assignments when I am absent.
9. I understand that I may be removed from a Virtual Arkansas class and receive a W, F, or no grade if I am involved in a severe discipline or academic dishonesty incident.

PLEASE SIGN

_____ _____

PRINTED LEGAL Student Name **School/District**

_____ _____

Student Signature **Date**