



## MIAMI-DADE COUNTY PUBLIC SCHOOLS PARENT/GUARDIAN CONSENT FORM FOR VIRTUAL SERVICES OF SCHOOL VOLUNTEERS

**Dear Parent/Legal Guardian:**

Please be advised that during the year your child may have the opportunity to receive volunteer services, i.e. tutoring/mentoring, **virtually** utilizing M-DCPS School Volunteers. It is understood that the school volunteers providing services have successfully registered, and completed a background screening process pursuant to M-DCPS' School Volunteer Program policies and procedures as outlined in Board Policy 2430.01.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's 7-Digit ID Number

- YES**, the student listed above **may** receive virtual services from an M-DCPS School Volunteer. I understand that the visual and/or auditory presence of an adult (age 18 and above) family member or a school staff member must be maintained at all times during these virtual sessions.
- NO**, the student listed above **may not** receive virtual services from an M-DCPS School Volunteer.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Best Contact Number

**Return this signed form to:**

\_\_\_\_\_  
SCHOOL NAME: \_\_\_\_\_

SCHOOL CONTACT PERSON/TITLE: \_\_\_\_\_

EMAIL OF CONTACT PERSON: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_