



P. O. Box 1000 Breaux Bridge Louisiana 70517

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**St. Martin Parish School Board  
Video and Teleconferencing Consent Form**

Telephone 337-332-2105  
Fax 337-332-3050

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INTERIM SUPERINTENDENT

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Dear Parent or Guardian,

You are receiving this consent form because your child has the opportunity to participate in distance learning via video and/or audio conferencing. As classrooms operate virtually, observations will also occur virtually which may require recording the virtual and/or hybrid classroom.

As the parent/legal guardian of \_\_\_\_\_ (child's name), I give my consent for him/her to participate in video and/or audio conferencing for the purposes of distance learning and recording of the classroom for the purposes of standard observation requirements.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian (Please Print)

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School