

Dear Parent and Guardian,

I'm excited to share with you that our class will be using educational extensions and applications this school year. These programs will enhance and enrich instruction though the use of mobile devices. They will allow students to create products and work together collaboratively. A few of these applications may require parental consent. I've included a list of apps and sites your child will have the opportunity to use in my class this year as we begin our 1:1 initiative. Your child is encouraged to use these at home as well. As the year goes, we may be using more apps and sites, but we will alert you of anything new.

Thank you,

TEACHER NAME HERE

Please sign below providing your consent for use of these programs in an educationally motivated and controlled environment.

_____ has my permission to use the applications listed below for instruction and enrichment with the NISD 1:1 Mobile Device program.

Signature

Date

Printed Name

APPLICATIONS: