



Oxford Educational Foundation Virtual Tutoring Permission Form
oxfordedfound@yahoo.com
610-932-7200

Dear Parent/Guardian,

Your child's **teacher** has agreed **for your** child to participate in the Oxford Educational Foundation (OEF) Virtual Tutoring program through Zoom, Facetime or Skype. Your permission is needed before he/she may be matched with a tutor to begin the virtual sessions.

All tutors working through the OEF have consented to a Criminal Record and FBI Check and Child Abuse Registry Clearance according to Act 34 and as required by OEF and the Oxford Area School District. All tutors have been instructed to keep all personal information about your child confidential.

The student and tutor are encouraged to exchange phone numbers. If for any reason your child is unable to attend a virtual tutoring session, please call/text the tutor directly and as soon as possible. No virtual tutoring sessions will be held if the Oxford Area Schools are closed.

By signing this form you are agreeing to allow your child to participate in Virtual Tutoring and to provide transportation as needed. Please fill out the form below and use the SUBMIT button at bottom of page to send to the OEF Volunteer Coordinator.

Please call or e-mail the Oxford Educational Foundation if you have any questions.

I give permission for my child _____ to participate in the OEF Virtual Tutoring program. I understand that all personal information about my child will be kept confidential. As a parent/guardian, I will plan to be on the virtual platform as the tutoring session begins.

_____ I would be interested in having my child's tutor contact me

_____ Please contact me by email. Email Address _____

_____ Please contact me by phone/text. Phone # _____ Best time to reach me _____

_____ Please contact me in setting up Zoom

Subject _____ Level of Course _____ Teacher _____ Grade _____
(print) (print)

Student Progress

In order to evaluate the effectiveness of the **virtual** tutoring sessions:

_____ **I do grant permission** for the school district to share grades to monitor student progress.

_____ **I do not grant permission** for the school district to share grades to monitor student progress.

Parent/Guardian _____ Date _____

type in name

SUBMIT