

Live Streaming Learning Agreement

My signature below is a confirmation that I, the student, have read and understand all of the information in the Parent and Student Guide to Live Streaming and that I will abide by all of the policies, expectations, and guidelines within while participating in Live Streaming at Providence Heights Alpha School.

Student's Name: *(please print)* _____

Student Signature: _____ **Date:** _____

My signature below is a confirmation that I, the parent/guardian, have read and understand all of the information in the Parent and Student Guide to Live Streaming and further acknowledge that my child (and my family) will be held to the policies, expectations, and guidelines mentioned within this document and I agree to support them and ensure that they are abiding by these policies, expectations, guidelines while participating in Live Streaming at Providence Heights Alpha School.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____