

## **Virtual/Online Learning Parent Permission**

School District:	School Building:
Student Name:	Student Grade:
registered and the courses are taken thro may be offered at a supervised school factoring through self-scheduled learning where pupace of their education. Virtual learning in	academic instruction in courses in which the pupil is bugh a digital learning environment. Virtual learning cility during the day as a scheduled class period or upils have some control over the time, location, and includes, but is not limited to, online learning and very of instruction may incorporate a combination of
I,, parent or lega	al guardian of give permission
be enrolled in the courses listed below for	virtual/online course(s). I understand my student will r the school year.
Parent Signature:	Date Received:
Notes: Please return this form to I	Mrs. Catina Crossman
9300 Homestead Rd. Benzo	onia, MI. 49616

or email to crossmanc@benzieschools.net