



SISTER CITIES INTERNATIONAL SISTER SCHOOLS

Collaborative Classroom

PERMISSION TO RECORD

The Sister Cities International Sister Schools (SCISS) Collaborative Classroom will be conducting virtual lessons between students at _____ and _____ using the Zoom platform. These lessons will be recorded for instructional purposes, for format evaluation, for materials and program development and as training for other schools involved in the Sister Cities International Sister Schools program. Personal information on student participants will not be disclosed nor will the recordings be used for commercial purposes by Sister Cities International, or sold/transferred to any other commercial vendor.

Student participating in the SCISS must agree for sessions to be recorded and used per the above.

Thank you in advance for your agreement and participation in the Sister Cities International Sister Schools Collaborative Classroom initiative.

Date _____

Student Signature

(16+Years of Age) _____

Parent Signature

(Student Under 16 Years of Age) _____