

Distance Learning Agreement & Mutual Release of Confidential Information

Student Name: _____

Birthdate: _____

School: _____

Date: _____

Distance Learning Agreement

For the child named above, enrolled in Distance Learning with the Vashon Island School District and attending Outdoor Connections at Camp Sealth / Camp Fire Central Puget Sound, I understand that it is my responsible to ensure my student is prepared for Distance Learning by providing all required technology and supplies. I further understand that it is my responsibility to ensure that my child's work is completed and submitted on time. The following is an outline of responsibilities of the parent and Camp Sealth/Camp Fire Central Puget Sound.

The parent/guardian is responsible for:

- Ensuring the child arrives with appropriate computer or tablet and charger, and **headphones**
- Providing any other required school supplies
- Ensuring the child completes and submits any required homework or other assignments
- Communicating with the child's teacher

Camp Sealth staff are responsible for:

- Submitting daily attendance record to VISD
- Providing a socially distant table/desk and relatively quiet work space
- Wireless internet connection
- Assisting the child with getting online and logging in to virtual classes
- Technology assistance & troubleshooting
- Providing access to take-home learning packets provided by the school
- Assisting with completion of work during school hours

Mutual Release of Confidential Information

As parent/guardian of the above-named student, I hereby authorize the mutual exchange of confidential information between the Vashon Island School District No. 402 and Camp Sealth / Camp Fire Central Puget Sound.

(Continued on next page)

Camp Sealth

Outdoor Connections Program



I understand that this information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

This authorization is valid from 9/1/2020 to 6/30/2021.

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at anytime in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Contact Information

Vashon Island School District #402
P.O. Box 547, Vashon Island, WA, 98070
9309 SW Cemetery Road, Vashon, WA, 98070
Telephone: (206) 463-2121
Fax: (206) 463-6262
Website: www.vashonsd.org
Email: info@vashonsd.org

Camp Sealth / Camp Fire Central Puget Sound
14500 SW Camp Sealth Road, Vashon, WA, 98070
Telephone: (206) 463-3174
Fax: (206) 463-6936
Website: www.campfireseattle.org
Email: info@campfireseattle.org

Signature of Parent/Guardian: _____

Print Parent/Guardian Name: _____

Date: _____