



Parent/Guardian Authorization Business and Community Partnerships – Voluntary Student Activity

I hereby grant permission for my child, whose name is stated below, to participate in the partnership program with Capital One, known as the Capital One Coders.

I understand that this program is voluntary, and there is no requirement that my child participate.

I understand that to participate my child must enter an online virtual space not owned or operated by FCPS (i.e. Zoom) at specific times, and hereby grant my permission for this to occur.

I understand that my child will be working with employees of Capital One, who will be sharing their expertise in coding using **Glitch** as a learning platform, provided by Capital One.

I understand that the individuals and/or firms serving as volunteers in this program are not employed by FCPS, but that an FCPS employee will be online from start to finish in each of the virtual sessions, and randomly entering and observing the “online rooms.”

Further, I understand that I may withdraw my permission at any time by notification to the school principal, and that my child will thereafter be withdrawn from this partnership program.

Date: _____

Parent/Guardian Signature

Participating Student (*Print*):

Parent/Guardian Name (*Print*)

Name: _____

Grade: _____

School: _____

Submit this form signed to the principal or partnership coordinator at your child’s school.