



Technology Platform – Minor Permission Form

Minor Name: _____ Cell# _____

If student will be using this device for any of the platforms.

Student Email _____

Parent/Guardian Name: _____ Cell# _____

Parent Email: _____

St. Odilia Faith Formation Program request that you allow your child to participate in Faith Formation Classes, where we will be utilizing Zoom, Live Stream, Catholic Brain and Remind.

These technology platforms will allow us to minister to your child and your family. These technology platforms will be used only to provide information related to our St. Odilia Faith Formation (k-5th grade, St. Odilia Life Teen and St. Odilia Jr. Samaritan) and Parish events. As a parent/guardian of a member of St. Odilia Faith Formation you will receive the same communication provided to your child. If a virtual meeting will happen you will be notified in advance when the meeting will occur. All virtual meetings are for registered students and families only.

I, _____ (parent/guardian) give permission for my child to participate in the technology platforms set forth by St. Odilia Faith Formation.

By signing below, I agree, as the parent/guardian and my child will use the technology platforms appropriately. I understand that any inappropriate use of the technology platforms will result in our removal from the group and will loose ability to access these platforms.

Parent/Guardian Signature Date

Minor Signature grade Date