

## Digital Version

Dear Parent or Guardian,

To create more inclusive and meaningful classroom discussions, this year we'll use [Flip](#), a free Microsoft-backed video discussion app that makes learning fun, fulfilling, and empowering.

Students can share short video or audio-only responses to class assignments or classmates' videos in a closed group online space.

Here's more info about using Flip in our classroom:

- **I'll create assignments (called "topics") and share a join code or a join link to your child's email.** Topics can range from school assignments, social learning activities, and more. Watch this short video in [English](#) or [Spanish](#) to learn more.
- **I'll set up access and manage who can view and/or access the groups and topics your child participates in.** I'm able to edit or delete any student content and your child will also have a dashboard where all their videos can be viewed, shared, and , deleted.
- **Flip assignments can be completed [on the web](#) or via the Flip mobile app ([Android](#) or [iPhone](#)).** Your child can choose between submitting audio and video responses.
- **There are no ads on Flip and Flip does not sell personal information to third parties.** [Watch this video](#) from the Flip safety and accessibility team.

Some personal information about your child may be collected including videos your child submits, their full name, and their email. You can learn more about Flip's [privacy and security practices](#), [official Privacy Policy](#), and [Terms of Use](#).

I think Flip will be a great addition to our classroom and am asking for your permission for your child to use it.

If you prefer that your child does not use Flip for classroom assignments, we can discuss how your child can use other tools to complete their assignments instead.

Please let me know if you have any questions or concerns and **send back the completed form below**.

Thank you,

<Educator>

# Consent to use Flip in our classroom

Please complete and return this sheet to me.

- I give consent** for my child, listed below, to use Flip for class and related education activities.
- I do not consent** for my child, listed below, to use Flip and would like to discuss alternatives with you instead.

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Student Printed Name

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Parent or Guardian Printed Name

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Parent or Guardian Signature

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Date (MM/DD/YYYY)