Parental Reservation of Rights – Remote Learning Surveillance

TO: _____________________________

______________________________

I/We, ________________________________, am/are the parent(s) of
________________________________, a student at ____________________ School in
________________________________ School District. Due to the current Covid-19 pandemic and
declaration of health emergency, the District has adopted policies and procedures for conducting
remote learning, under which students receive instruction via interactive video and audio
technology. The technology employed by the District for this remote learning may allow District
employees and agents to make observations of my/our child and the interior of my/our residence
in the course of this remote instruction, as well as to hear and monitor audio emanating from
my/our residence.

The surveillance of our home enabled due to the District’s remote learning policies and
technologies has serious implications for the rights of our family under the Fourth Amendment to
the United States Constitution to be free from unreasonable and warrantless searches. Because of
these implications and the threat to the privacy of my/our family, I/we declare as follows:

• Our child’s participation in remote learning pursuant to District policies and practices
does not constitute my/our consent to the District or any other government official
conducting a search of our property, whether by video surveillance or otherwise;
• Our residence does not become school property for purposes of applying District
policies or rules by virtue of my/our child’s participation in remote learning.

Additionally, I/we hereby demand that should District agents or employees make
observations of conditions or activities at our residence in the course of any remote learning
session, the District must first contact and advise us of the situation before contacting any law
enforcement agency about those conditions or activities.

Dated: _________________

Signed: ________________________________

________________________________

[Name(s) of Parent(s) or Custodial Guardians]