**Parental Consent Form**

Dear Parent(s),

Our class would like to use Optoma Solution Suite (OSS) provided by an operator called Optoma Group that helps students become more motivated to participate in class. In order for students to use participate in using Optoma Solution Suite (OSS), account registration is needed and certain personal information of your child such as student’s name, a username, password and email may be provided to Optoma Group.

Certain laws and regulations require parental consent. For example, under the United States’ Children’s Online Privacy Protection Act (“**COPPA**”), while the web site operator must provide parental notification and obtain verifiable parental consent before collecting personal information from children, schools are permitted to collect consent forms from parents of students, thereby eliminating the need for individual verifiable parental consent given directly to the web site operator. For more information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/privacy-and-security/children%27s-privacy>.

We are therefore providing you with this consent form. You are required to carefully review the [terms and conditions](https://myaccount.optoma.com/termsConditions), [privacy policy](https://myaccount.optoma.com/privacy) and [privacy policy for children](https://myaccount.optoma.com/childrenPrivacy) of Optoma Group before signing and returning this consent form. Please complete this form, and then print, sign, scan, and email it to us at [insert school email address], or return to us via your child. You may revoke your consent at any time to refuse further collection and use of your child’s information by emailing us the signed letter of revocation of consent or providing us with the letter via your child.

Please tick the appropriate box below:

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| --- | --- |
| □ | I hereby consent and authorize [insert school name] to create account(s) for my child and provide consent on my behalf for Optoma Group’s collection, use and/or disclosure of your child’s personal information as described in Optoma Group’s terms and conditions, privacy policy and privacy policy for children |
| □ | I would NOT like my child to participate in using Optoma Solution Suite (“OSS”) |

By signing and returning this form to [insert school name], you certify that I have been provided with and have reviewed Optoma Group’s terms and conditions, privacy policy and privacy policy for children.

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| Student’s full name: |  | | |
| Student’s class number: |  | | |
| Parent/Legal guardian’s full name: |  | | |
| Relationship to student: |  | | |
| Parent/Legal guardian’s signature: |  | Date: |  |