

**[INSERT SCHOOL NAME] CONSENT FORM**

Dear Parents and Guardians,

You are receiving this consent form because your child has been recommended to participate in the Course Choice program. The Course Choice program, funded through the Minimum Foundation Program with the Supplemental Course Allocation, expands access to high quality, innovative course offerings to Louisiana students like:

- Career and technical preparation
- Academic work required to achieve TOPS
- Advanced coursework not available at the school due to limited resources
- Dual Enrollment
- Intensive remediation for students struggling to stay on pace for graduation

To register your child in the Course Choice program, your school must provide information about your student to the online registration system maintained by Agilix, which will in turn be shared with the Course Choice providers as well the Louisiana Department of Education and its technology partner, the Office of Technology Services.

I understand that:

- To offer additional course options to my child, my school will pursue registering my student in the Course Choice program.
- Agilix, the course choice providers, and the Louisiana Department of Education will maintain the confidentiality of my student’s personally identifiable information in accordance with law.
- To ensure that course providers register and assign grades to the appropriate students, the following student data must be shared:
  - First and last name
  - School and district name
  - Grade
  - Contact information including email
- No additional data elements beyond those listed above will be requested or shared.

I CONSENT to the [Name of school] disclosing my child’s personal information listed above to Agilix, course choice providers, the Office of Technology Services, and the Louisiana Department of Education for the purposes stated above.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
My Full Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Child’s Full Name (please print)