

The Science of Agriculture in the Virtual Classroom

School/School District Permission

2009-2010

School/School District Name: _____

School/School District Address: _____

Telephone: _____

Administrator Email: _____

Participating Educator Name: _____

Grade Level _____

Statement of Permission

I certify that, to the best of my knowledge and belief, the participating educator and his/her classroom have permission to participate in the Agriculture Education in the Virtual Science Classroom project and have access to videoconferencing equipment and scheduling adjustments as needed to participate in videoconferencing activities.

Name of School/School District	Signature of Principal
Date	Typed Name and Title