



ROBERTS

WESLEYAN COLLEGE

School of Education & Social Work

Roberts Wesleyan College 2019 Fall Online Writing Workshop

Child's name: _____

Current grade: _____ School: _____

Address: _____

Parent/Guardian: _____

Phone: _____

Email address for confirmation: _____

Please share anything we should know about your child which would help us meet his/her needs, particularly in an online learning environment:

- I give permission for the RWC teachers to work with my child.
- I give permission for my student to participate in an **online classroom community**. I recognize my child will be communicating with a tutor and receiving feedback in an **online setting**.
- I understand that if his/her behavior significantly disrupts the learning environment, my child will not be allowed to continue participation in the workshop.
- I understand that my child is committing to submit one piece of writing a week for ten weeks and will comment back to the tutor feedback through Google Classroom weekly.

Signature _____

Date _____

*Only register your child for the workshop if you can commit to all ten weeks.
There are a limited number of spaces.*

*Please submit forms electronically to Program Coordinator, Sarah George at
George.Sarah@roberts.edu.*

OR

Submit a hardcopy to:

Sarah George

Roberts Wesleyan College

Teacher Education Department

2301 Westside Drive, Rochester, NY 14624