(School Letterhead)

(Date)

Dear Parent(s) or Guardian(s):

I am pleased to announce that (school name) is preparing to send digital devices home with students. This move will allow students to extend their learning beyond the school day, and will allow you to participate in your child’s learning in ways never possible before.

Your involvement is crucial to the success of this change, starting with an informational meeting ***DAY, DATE, at TIME*** At this meeting we will discuss:

* Parent/guardian responsibilities for monitoring their child’s Internet use
* Documentation (attached here) that is ***required*** before devices can be sent home
* Educational benefits of anytime/anywhere access to devices
* Opportunities for parent workshops related to educational technology integration
* Information and resources on student safety and digital citizenship

I hope you share my excitement about sending devices home; research indicates that access to a computer and content at home empowers students to learn beyond “homework.” Like most adults, they can learn anytime, anywhere.  A growing infrastructure for lifelong learning is available in a digital world of libraries, labs, museums, and workplaces – throughout the world, and at students’ fingertips. Also, students can connect with each other to work collaboratively on assignments outside of school.  Powerful technology tools inspire creativity and innovation in students, enabling them to solve real-world problems through project-based learning.

I strongly encourage you to attend this important meeting! As additional resources, I have attached a **Parent FAQ** and a **Safety** flyer. More resources are available at commonsensemedia.org/parent-concerns.If you have questions or need further information, please call our school office at (School Phone Number).

Sincerely,

Principal

Enclosed:

* Take Home Parent Notification/Acknowledgement **(Sign and return)**
* Responsible and Acceptable Use Policy **(Sign and return)**
* Safety Flyer
* Parent FAQ

✁    ✦   ✧   ✁ ✦   ✧   ✁ ✦   ✧  ✁ ✦   ✧   ✁ ✦   ✧   ✁

*Please complete the section below and send it to school with your child.*

❐  Yes, I can attend the meeting.  (Please circle one)    DATE/TIME

❐  No, I can’t attend the meeting.

Parent signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number \_\_\_\_\_