CCA recognizes that there may be situations in which a parent or guardian would like to designate another person as the student’s Learning Coach. This form provides the school with the information necessary to be able to create a log in to the student’s information for someone who is NOT the legal decision maker for the student.

The first section of this form should be reviewed and signed by the Parent or Legal Guardian of the student. The second section should be signed by the Designated Learning Coach.

**Student Information**

Last Name ___________________________ First Name ___________________________

Date of Birth ___________________ Grade _______________________

Section 1 (To Be Completed by the Parent/Legal Guardian)

- The individual I am designating as my student’s Learning Coach is over the age of 18 and is not the legal parent or guardian with decision-making authority for this student.
- I accept complete responsibility for the health and safety of my student while in the care of the Designated Learning Coach (DLC)
- I agree to notify CCA if I terminate my agreement with the Designated Learning Coach
- I authorize the DLC to have access to my student’s educational and enrollment information and I authorize CCA’s teachers and staff to communicate with the DLC concerning all aspects of my student’s participation and performance in the school
- Any compensation agreements I have with the DLC are between me and the individual named below. CCA is not responsible to pay this person as a third party service and in no way is this person an employee of CCA.
- I understand that since the Designated Learning Coach is not an employee of CCA, the school is not responsible for vetting or performing background checks on this individual.
- I understand that I will continue to have access to my student’s information and that I retain the primary responsibilities to perform the Learning Coach functions if these are not performed by the DLC.

By signing this agreement, you confirm that you, as the Parent/Legal Guardian, have read, understand and agree to the terms above:

**Parent/Legal Guardian 1:**

Last Name ___________________________ First Name ___________________________ Middle Initial __________

Signature ___________________________ Phone __________________ Date ________________

**Parent/Legal Guardian 2:**

Last Name ___________________________ First Name ___________________________ Middle Initial __________

Signature ___________________________ Phone __________________ Date ________________
Designated Learning Coach Agreement

Student Information

Last Name_________________________________________ First Name_________________________________________

Date of Birth________________________ Grade ______________________

Section 2 (To Be Completed by the Designated Learning Coach)

- I certify that I am at least 18 years of age.
- I understand that I am being provided access to student information for the purpose of assisting in the educational activities of this student.
- I understand that I am only able to access this information and to discuss the student’s participation and performance so long as I remain the Designated Learning Coach (DLC), as agreed to by the parent/Legal Guardian.
- I agree to comply with all federal and state laws applicable to school policies, terms and conditions.
- I will ensure that this student has a suitable place for schooling and that the student is participating in the school program to an extent that is aligned with the Compulsory Attendance requirements. I will ensure that the student is completing lessons regularly, attending virtual lessons as required and responding to teacher and administrator phone calls and webmails.
- I understand that by serving as the DLC, I am not authorized to operate a public school
- I understand that I am not entitled to receive benefits or compensation from CCA for service in my capacity as a DLC.

By signing this agreement, you confirm that you, as the Designated Learning Coach, have read, understand and agree to the terms above:

Designated Learning Coach:

Last Name_________________________________________ First Name_________________________________________ Middle Initial____________

Signature_________________________________________ Phone________________________ Date ______________________

Street Address________________________________________

City, State _______________ Zip code _______________ Email ______________________

Please indicate here if you have been a CCA Learning Coach previously and have a Edio account: _______