*(This letter should be on official school letterhead, and should be signed by the SRO or a school administrator. Please check your school’s policies on parent/guardian permission for extracurricular activities and edit this letter accordingly.)*

TO: Parents/guardians of potential Cyber S.W.A.T. team members

FROM: ***Name/Title/School***

RE: The Cyber S.W.A.T. program

You are receiving this letter because your student has expressed interest in becoming a member of the Cyber S.W.A.T. team at ***School.***

Teens need to learn to navigate their online communities safely, making positive choices and avoiding unnecessary risks. Helping students stay safe and make better choices online can be difficult, especially with new apps popping up seemingly every day and technology that is constantly changing. Also, the risks are real: from online predators to cyberbullies to revealing too much personal information online, it’s imperative that teens understand what’s out there.

Cyber S.W.A.T. (Safety While Accessing Technology) is a peer-to-peer education program created by the Safe Surfin’ Foundation. As a member of the team, your student will train alongside peers on issues of online safety and privacy, and how to make age-appropriate presentations to younger students. We have found, overwhelmingly, that elementary and middle school students listen more intently to high school students than they do to adults. With your permission, your student will lead by example and positively influence the lives of younger students.

Cyber S.W.A.T. introduces tough topics safely. Although online predators, sexting, child pornography, and other mature subjects will be discussed, no explicit images or foul language will ever be used, even as examples. All meetings are supervised by a responsible adult facilitator who is trained to quickly redirect the conversation if necessary to help team members feel supported and safe.

If you have any questions, please let me know.

My best regards,

***Name***

***Title***

***School***

***Email address***

***Phone number***

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the Cyber S.W.A.T. program at ***School*** during the ***2019–2020*** school year.

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| Parent/guardian’s name (printed) | Parent/guardian’s signature | Date |