

Access to Technology Resources Consent Form

Last Name: _____ First Name: _____ MI: _____

School: _____ Student I.D. Number: _____

Parents and/or guardians, please place an X to indicate your choice(s).

1. Internet access:

- I DO give my permission for my child to individually access the Internet via the Parkview School District's connection(s).
- I DO NOT give my permission for my child to individually access the Internet via the Parkview School District's connection(s).

2. Web Page/Newspaper information:

A. Photos /Name (check one):

- I DO give my permission for my child's photo and full name to be included on the website for her/his school.
- I DO NOT give my permission for my child's photo and full name to be included on the website for her/his school.

B. Classwork (check one):

- I DO give my permission for my child's full name, and grade level to be included on the website for her/his school in association with my child's own writing and art work, news articles concerning their school or achievements, or any other way which does not visually identify my child.
- I DO NOT give my permission for my child's full name and grade level to be included on the website for her/his school.

3. Video Disclaimer:

- I DO NOT want my child videotaped.

4. Career and College Information (high school students only):

- I DO give my permission for my child to submit personal information (name, address, telephone number, credit card number, etc.) on the Internet via the Parkview School District's connection(s) to post-secondary educational institutions for the purpose of accessing career and college information and applying for admission.
- I DO NOT give my permission for my child to submit personal information (name, address, telephone number, etc.) on the Internet via the Parkview School District's connection(s) to post-secondary educational institutions for the purpose of accessing career and college information and applying for admission.

I understand that it may become necessary to give additional permission for my child to participate as other online activities are approved by the District.

Student Agreement

I understand and will abide by the Access to Technology Resources' Policy. I further understand that any violation of these guidelines may result in my Internet privileges being restricted or revoked and also may result in school disciplinary action. I understand that if the violation constitutes a criminal offense, appropriate legal action may be taken.

Student's Name (please print) _____

Student's Signature _____ Date _____

Parent or Guardian Agreement

As the parent or guardian of this student, I have read the Access to Technology Resources' Policy. I understand that this access is designed for educational purposes. I recognize that some controversial materials exist on the Internet. I will not hold the School District responsible for materials acquired on the network, and will notify the School District if my child does not follow this agreement. I hereby give my permission for my child to use the Internet at school.

Parent/Guardian's Name (please print) _____

Parent/Guardian's Signature _____ Date _____

Once granted, consent will be ongoing through Grades 4K-6 at Parkview Elementary School, 7-8 at Parkview Junior High, and 9-12 at Parkview High School, or until the child's parent/guardian completes and submits a revised Access to Technology Resources' Consent Form. The original Internet Access/Web Page/Newspaper Consent Form will be on file until one of the above conditions occurs.

APPROVED: April 25, 2011
DECEMBER 21, 2015