

Grade SY 2019-20: _____ Student's Name: _____

LeRoy Junior/Senior High School Consent and Signature Form

INTERNET USE

Permission for your child to use the district network and access the Internet
(to be assigned a "username" and "password"):

_____ YES _____ NO

We have Internet access at home through Wifi (hotspot or phone access should
check NO:

_____ YES _____ NO

GOOGLE MAIL (GMAIL @leroysschools.org account) – See AUP & BYOD Policy

Permission for your child to be assigned a Gmail account:

_____ YES _____ NO

NAME IN PRINT

Permission to have your child's name in printed form:

_____ YES _____ NO

CONSENT TO RELEASE INFORMATION TO MEDICAID – See Medicaid Consent Form:

_____ YES _____ NO

FIELD TRIP PERMISSION

I give permission for my child to participate in all walking and bus field trips during the 2019-20 school year. I understand that LeRoy Community Unit School District #2 will provide supervision for the trips. I further understand that no special insurance of any kind is provided by the District for this trip; however, the standard liability insurance on school buses and public transportation conveyances will be applicable.

_____ YES _____ NO

ART ON INTERNET/WEBSITE

Permission to have examples of your child's artwork displayed/posted to the Internet/website:

_____ YES _____ NO

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PUBLICITY PHOTO

Permission to have your child's photograph used for publicity:

_____ YES _____ NO

PUBLIC INFORMATION

Federal and State regulations authorize the routine release of "directory information" on students without consent. Examples include: a playbill, school yearbook; honor roll; graduation programs; sports programs.

_____ YES _____ NO

WEB PHOTO

Permission to have your child's photograph used on the Internet/website:

_____ YES _____ NO

VIDEO TAPING/DIGITAL RECORDING

Permission to have your child video taped/digitally recorded:

_____ YES _____ NO

RELEASE OF INFORMATION TO MILITARY AND COLLEGES

Federal law requires school districts to release student names, address and telephone numbers to military recruiters. When requested, our high school will also release this information to colleges.

Share my child's information with COLLEGES when requested:

_____ YES _____ NO

Share my child's information with MILITARY RECRUITERS when requested:

_____ YES _____ NO

EMERGENCY PERMISSIONS

If transportation is needed for my child in case of illness or injury, I agree that he/she be transported in a privately owned car or commercial vehicle

____ YES ____ NO

I hereby give the administration of LeRoy CUSD #2 authorization on my behalf to consent for emergency medical treatment of my son/daughter in my absence. This authorization is valid while my child is attending school or a school sponsored activity.

____ YES ____ NO

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I HAVE READ AND UNDERSTAND THE ONLINE STUDENT HANDBOOK and HABITS OF SUCCESS DOCUMENT:

_____ YES

_____ NO

Each student and his or her parent(s)/guardian(s) must sign the *Authorization for Electronic Network Access* as a condition for using the District's electronic network before being granted unsupervised use. The failure of any student to follow the terms of the *Authorization for Electronic Network Access*, or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

All students who receive permission for network access will be assigned a "username" and "password". Be sure to remind your child of the importance of not sharing this information with anyone but a parent or guardian.

I have read the LeRoy Jr/Sr High School Authorization for Electronic Network Access, BYOD Policy, and AUP; and I understand that access to the Internet/Web is designed for educational purposes, that access to the Internet/Web is designed for educational purposes, and that LeRoy CUSD #2 has taken precautions to be eliminated controversial material. I recognize that it is impossible to restrict access to all inappropriate materials. I will hold harmless LeRoy CUSD #2, its employees, agents, or school board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this authorization with my child.

I have read and understand the Google Apps for Education Permission form, and I understand that access to the service is designed for educational purposes. I have discussed the terms of this authorization with my child, and acknowledge that I am familiar with and understand the content in the district's Authorized Use Policy.

I also acknowledge that I am familiar with and understand the content in the LeRoy Jr/Sr High School Parent-Student Handbook that is available on the LeRoy Jr/Sr High School website.

By signing this form, I am verifying that I have read and understand all of the aforementioned documents and give or do not give my permission as indicated by a check in the corresponding response.

Print Student's Full Name

Print Parent/Guardian Full Name

Student's Signature and Date

Parent/Guardian Signature and Date