

CARROLLTON CUSD#1
REGISTRATION INFORMATION/AUTHORIZATION AND PERMISSION FORM
2019-2020

ACCEPTABLE USE AND INTERNET PERMISSION FORM

I understand and will abide by the Authorization for Internet Access. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the district's Internet connection and having access to public networks, I hereby release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

Student Signature: _____ Date: _____

I have read this Authorization for Internet Access. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial and inappropriate material. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision when my child's use is not in a school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's Internet.

Parent/Guardian Signature: _____ Date: _____

PHOTO / VIDEO PERMISSION

During the school year, photographs or videos of students and/or student work may be taken by the classroom teacher, students, or parents. The school may wish to recognize students for their achievements or participation in classroom activities by publishing these photographs/videos in local newspapers and/or on the district website and/or utilizing their individual or group projects at regional, state and/or national workshops or events.

Complete and sign this form to all the school to publish photographs or videos of your child in local publications or on the district website while they are a student of Carrollton CUSD#1.

(Student Name) _____

(Please check the appropriate lines for approval.)

_____ may have their picture photographed or videoed and published.

_____ may have their individual or group work utilized at regional, state and/or national workshops or events.

- _____ - without their name printed.
- _____ - with their name printed.

Parent/Guardian's Signature: _____ Date: _____

STUDENT/PARENT HANDBOOK

I have received the Carrollton Grade School or Carrollton High School Student-Parent Handbook and understand I have the right to have an explanation of any portion of the handbook.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____