

## ACSNet Opt-out Form

Student Name (Please Print): \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

School: \_\_\_\_\_

### **Please initial all items of which you wish to opt-out:**

\_\_\_\_\_ **No, my child does not have permission to have access to the Internet.**

\*Student e-mail is accessed via the Internet.

\*Student Internet use will be monitored by School Staff and used for Educational Purposes

\*Many teachers in the district use teacher created and other WebPages and as an educational tool.

\*Programs such as Accelerated Reader, Accelerated Math, Starfall, ULearn, etc..., may require internet access

\_\_\_\_\_ **No, my child does not have permission to have access to an ACNet e-mail account.**

\_\_\_\_\_ **No, I do not give permission for my child's picture, name and/or student work to appear on the district/school web sites.**

\_\_\_\_\_ **No, I do not give permission for my child to participate in video productions at their school.**

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*\*All copies of this signature page are to be submitted to the School Technology Coordinator and kept on file at that location.*