

APPENDIX C - STUDENT IMAGE AND TECHNOLOGY OPT-OUT FORM

Student Name _____
(Please print) Last Name First Name MI Student ID# Grade
(Not Social Security number)

Date of Birth _____ School _____

Students will have the privileges listed below unless this Image and Technology Opt-Out Form is submitted by the Parent/Guardian.

Published is defined as viewable by the public and/or within the District through a variety of electronic media (i.e., web site, television, video, etc.). This may include any combination of the options below.

Please place a check in the blank provided for each of the following items of which you do NOT want your child to participate and sign at the end of this document.

1. _____ My child does not have my permission to access the school/district networked computers, which include the Internet. (other than as described below)

The use of technology, which includes the Internet, will be provided to access State and District mandated assessments and related material according to Board Policy 4.009 and Florida Statutes 1008.22, 1008.24, and 1008.385. Regardless of whether you opt-out or not, your child will have access to this technology.

The Polk County School District provides internet filters and takes great care to block access to inappropriate material. Although a conscious effort is made to deter access to materials that are inappropriate in the school environment, no safeguard is foolproof. Students are responsible for avoiding access to inappropriate material.

2. _____ My child does not have my permission to be photographed or videotaped.

By checking #2, your child's photograph will not be in the yearbook nor will he/she be videotaped for the school news show or other school/district video productions.

3. _____ My child does not have my permission to have photo/video image published.

4. _____ My child does not have my permission to have work published.

5. _____ My child does not have my permission to have his/her first and last name appear ALONG WITH their work produced, photo and/or video image.

By checking #5, your child's photo and name together will not be included in news about honors, awards and accomplishments.

The Image and Technology Opt-Out Form will become a part of the student's cumulative record.

Parent/Guardian Name(s)

(Please print) Last Name First Name MI

Parent/Guardian Signature(s) _____ Date _____