

Appendix B – EMAIL & SUPPLEMENTAL DIGITAL RESOURCE OPT-OUT FORM

Student Name _____
 (Please print) Last Name First Name MI Student ID#

_____ Date of Birth School _____ Grade

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 2623 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 Student Network and Internet Acceptable Use and Safety Policy 7540.03 on pages xiii-xiv states "The District has implemented technology protection, utilizing software and hardware measures which monitor, block, and filter Internet access to content that is obscene, or harmful to minors. Nevertheless, parents/guardians are advised that a determined user may be able to gain access to services on the Internet that the School Board has not authorized for educational purposes."

EMAIL ACCOUNT OPT-OUT

All students will have access to a district managed email account for educational purposes to communicate, collaborate and make inquiries about content and assignments. Please read the School Board of Polk County's policies regarding student email. The School Board of Polk County's Technology Policies are located at: www.polk-fl.net. Keyword: Tech Policies.

If you **do not** want your child to access an email account provided by the School Board of Polk County, Florida (SBPC), please select the box below:

- My child **MAY NOT** access the student email account provided by the School Board of Polk County.

DIGITAL RESOURCE OPT-OUT

Your child's teacher(s) may access supplemental digital content and tools via the Internet for educational purposes. For information regarding specific tools and applications used, please contact your child's teacher.

Most educational sites/apps have privacy statements that require parental permission for use. Access will be granted unless you select the box below:

- My child **MAY NOT** access supplemental digital content and tools selected **by the classroom teacher**.

PARENT SIGNATURE

I understand that by completing and submitting this form, SBPC will restrict access to student email and/or supplemental digital resources.

You must return this form to your child's school within two (2) weeks of starting school. If not received within that timeframe, it will be assumed that your child is allowed to access and utilize SBPC student email and supplemental digital resources for educational purposes in order to enhance student learning. Selections made will remain in effect for the entire school year or until a change is submitted.

 Name of Parent (Please Print)

 Signature of Parent

 Date