

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.**

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.

By checking #1, your child will not be able to access important and valuable educational resources such as the school/district online library card catalog, email, instructional software (i.e., AR, Read 180, Compass, FCAT Explorer, Blackboard, etc.) and resources for research and printing.

- 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 _____