*Polk County Public Schools*

# Student Image and Technology Consent Form

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

**Date of Birth** _____ **School** _____

Please **check** "Yes" or "No" for each of the following items and sign at the end of this document.

**My child, _____, has my permission to:**

1. **Access the school/district networked computers which include the Internet.**
   The Polk County School District provides an Internet filter to block access to inappropriate material.

   Yes _____

   *No _____ ***By checking "No," your child will not be able to access important and valuable educational resources such as the school/district online library card catalog, instructional software (i.e. AR, Read 180, Compass, FCAT Explorer etc.) and resources for research and printing.**

2. **Be photographed or videotaped for school related activities.**
   I (we) consent to any use of said photographs, motion pictures, video tapes or any duplication thereof for any purpose Polk County Public schools may deem appropriate.

   Yes _____

   *No _____ ***By checking "No", your child's photograph will not be in the yearbook nor will he/she be video taped for the school news show or other school/district video productions.**

3. **Have his/her photo/video image published to a school/district website.**

   Yes _____

   No _____

4. **Have work published on the Internet website.**

   Yes _____

   No _____

5. **Have his/her name published to a school/district website. (Please mark only one of the sections below.)**

| Elementary Students | Middle and High School Students |
|---|---|
| Yes, with first name/first initial of last name _____<br>*No _____ ***By checking "No," your child will not have their accomplishments, awards, athletic/club rosters published to the website.** | Yes, with first name/first initial of last name _____<br>Yes, with full name _____<br>*No _____ ***By checking "No," your child will not have their accomplishments, awards, athletic/club rosters published to the website.** |

I have read and understand the Image and Technology Consent Form and the Polk County Public Schools Network Use and Internet Access Acceptable Use Policy. **I further understand that any violation of these policies may result in the loss of my child's computer/network access privileges, disciplinary action and/or legal action.** I also understand that this consent document remains in effect until I modify the permissions in writing.

**Parent/Guardian Name(s)** _____
(Please print) Last Name First Name MI

**Parent/Guardian Signature(s)** _____ **Date** _____

As a user of the Polk County School District's computer network, I agree to comply with the Network Use and Internet Access Acceptable Use Policy. I further understand that any violation of these policies may result in the loss of my computer/network access privileges, disciplinary action and/or legal action.

**Student Signature** _____ **Date** _____