

# Image and Technology Consent Form

Printed

Student Name: \_\_\_\_\_  
Last Name First Name MI. Student ID# Grade

(Not soc. Security number)

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

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

My child \_\_\_\_\_ has my permission to:

**1. Be photographed or videotaped for school related activities.**

In granting such permission I, (We) relinquish and give to the School Board of Polk County Public schools, Florida, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

I, (We) consent to - any noncommercial use of said photographs, motion pictures or video tapes or any duplication thereof for any purpose Polk County Public schools may deem proper, including yearbook photographs.

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Have work published on the Internet web site, identified by first name/first initial of last name.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Have his/her photo/video image published to a school/district web site with first name/ first initial of last name.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Access the School/District Network and the Internet**

(Access to instructional software, local files, teacher led activities, etc.)

Yes \_\_\_\_\_ \*No \_\_\_\_\_

\* By checking "No", your child will not be able to access important and valuable educational resources such as the school's/district library card catalog, instructional software and resources for research and printing.

In addition to the Image and Technology Consent Form, I have read, understand and will abide by the Polk County Public Schools Network Use and Internet Access Policy and Guidelines. I further understand that network access is a privilege designed solely for educational purposes and any violation of the Terms and Conditions or Polk County school district policies may result in losing my child's access privileges, school disciplinary action and/or appropriate legal action initiated against my child. I also understand that this consent document remains in effect until such time my child leaves this school or 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 Schools computer network, I agree to comply with the terms, conditions, laws and restrictions, as they pertain to the Polk County Public School's Network Use and Internet Access Policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_