

PERMISSION FORM

Please print all information.

Student Name (First Name, Middle Name, Family Name) _____

Parent/Guardian (Last Name, First Name, Middle Initial) _____

Address _____ Apt./Unit _____

City _____ State _____ ZIP _____

Phone _____ E-Mail _____

The signature below acknowledges I have read and understand the MNPS Student - Parent Handbook and related policies. I also understand my child is subject to compulsory school attendance laws and if my child is found to be unlawfully absent from school or habitually truant, law enforcement personnel may take my child into temporary custody and deliver him/her to the Metro Student Attendance Center (MSAC). Furthermore, I confirm my child's participation in the areas identified with a check mark below.

Signature of Parent/Guardian _____

PERMISSION STATEMENTS	Y	N
MNPS has permission to honor my child publicly, including in the media.	<input type="checkbox"/>	<input type="checkbox"/>
MNPS has permission to share contact information about my child with a military recruiter.	<input type="checkbox"/>	<input type="checkbox"/>
MNPS has permission to photograph or digitally record my child for media and web publication.	<input type="checkbox"/>	<input type="checkbox"/>
My child has permission to be photographed or digitally recorded by the news and other non-MNPS media.	<input type="checkbox"/>	<input type="checkbox"/>
My child has permission to participate in the hearing, vision, height, weight, and blood pressure screenings.	<input type="checkbox"/>	<input type="checkbox"/>
My child has permission to check out a laptop from the school library and I understand that all damages or loss of equipment must be reimbursed to the school. The maximum cost for a laptop will be \$600.	<input type="checkbox"/>	<input type="checkbox"/>

LIMITLESS LIBRARIES OPT-OUT FORM

Only sign if you DO NOT want your child to have permission to access Limitless Libraries.

I wish to exclude my child from Limitless Libraries (see page 44 for description). My child will not be able to have public library items delivered to school. MNPS **Does Not** have my permission to give Limitless Libraries access to my child. Failure to sign the Limitless Libraries opt-out form will serve as an indication that your child has permission to access the Limitless Libraries.

Parent or Guardian Signature _____ Date _____

TECHNOLOGY OPT-OUT FORM

Only sign if you DO NOT want your child to have permission to access the District's Internet.

I have read the MNPS Technology Acceptable Use Policy. I understand that the Internet is a worldwide group of computer networks and that MNPS does not control the content available on, or through, these Internet sites. I understand that MNPS will undertake good faith efforts to filter objectionable material available on sites that can be accessed by MNPS students but that filtering efforts may not completely block objectionable content. Therefore, I am restricting my child's access to the District's Internet.

MNPS **Does Not** have my permission to give Internet access to my child. Failure to complete and sign the technology opt-out form will serve as an indication that your child has permission to access the District's Internet.

Student Signature _____ Date _____

Parent or Guardian Signature _____ Date _____