

Notice of Network Access by Students Non-Participation Form

If you DO NOT want your son or daughter to have access to the Network, protected student e- mail or grant permission for photos on the school website, please return this form to: Greenwich Public Schools, Media Services, 290 Greenwich Avenue, Greenwich, CT 06830. (Print clearly) and be sure to check the appropriate box(es).

School: _____ Grade: _____

Name of Student: _____

AB/Homeroom: _____ House (if GHS) _____ Parent Email: _____

Name of Parent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Phone #: _____

Please initial only the categories for which you **DO NOT** wish to give access or permission:

_____ I DO NOT wish to have my student utilize **school network services** such as using software, creating and saving files, and printing from network computers or searching for and retrieving information via the Internet.

_____ I DO NOT wish to have my student utilize school-established, protected and monitored **email, Google Apps, and Schoology accounts** with acceptance and compliance of student email, cloud services guidelines and acceptable use agreement;

_____ I DO NOT wish to have my student **publish documents and projects on the World Wide Web** with limited identifying information as outlined in this Acceptable Use Agreement.

_____ I DO NOT wish to have a **photo/video/name of my student child posted on the district or school website** with limited/no identifying information as outlined in this Acceptable Use Agreement.

Parent (Guardian) Signature: _____ Date: _____

**You will be sent confirmation of receipt of this form. Please e-mail Media Services, Marty_D'Andrea@greenwich.k12.ct.us, if you do not receive confirmation within two weeks.

Return ONLY if you DO NOT wish your student to participate in any of the technology activities listed above.