

Shutesbury Elementary School
Parent/Guardian Summative Technology Consent Form

As the parent/guardian of the Shutesbury Elementary School student named below, I confirm that I have read the following documents:

1. Statement of Student Responsibility
2. G Suite for Education Permission Form
3. COPPA Compliance Consent
4. Device Lending Agreement

My signature below acknowledges that I understand and agree to the following statements.

I hereby give permission for my child to access the internet and technology resources at school. I have read and discussed the contents of the Acceptable Use Policy with my child. I further understand that Shutesbury Elementary School has taken precautions to restrict access to inappropriate material and I will not hold them or their designees responsible for materials acquired on the network.

Under the Family Educational Rights and Privacy Act (FERPA) student education records are protected. My signature below confirms my consent to allow my student's educational work to be stored by Google. I understand that by participating in G Suite for Education, information about my child will be stored electronically.

I give the school permission to create accounts for my student to use the educational web-based tools listed on: shutesburyschool.org - Services - Technology - COPPA Compliance Consent - Websites and Apps.

I grant permission for my child to use a school device and will support my child in its use and proper care. I understand that a fair estimate for any necessary repairs will be given by an authorized repair facility if intentional damage occurs.

I understand that the School makes every effort to maintain my student's privacy and safety across all electronic platforms used to support education.

This one-time consent form will remain in effect while my child remains a student of Shutesbury Elementary School, unless I withdraw my consent. I also understand that the District maintains the right to immediately withdraw access when there is reason to believe violations of law or District policies have occurred.

Please return this form to school. Thank you!

Student Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Name (Signature): _____

Date: _____