

SCHOOL DISTRICT OF BAYFIELD

Student Opt-out Form For Network Resources

If you do not want your son or daughter to access the Internet or have their picture displayed on the School District of Bayfield Website please fill out the form and return it to the School District of Bayfield District Office, 300 North Fourth Street, Bayfield, Wisconsin 54814.

Student Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ email: _____

Please check the statement that applies:

___ As the parent or legal guardian of the student named above, I do not grant permission for my son or daughter to access the Internet from School District of Bayfield network resources.

___ As the parent or legal guardian of the student named above, I do not grant permission for my son or daughter's photo without identifying name or caption to appear on the School District website.

Signature: _____ Date: _____

Printer Name: _____

CROSS REFERENCE: 385 Internet Safety and Acceptable Use
385 Exhibit 2 Student Acceptable Use for Network Resources
385 Exhibit 4 Request to Use Personal Electronic Devices
390 Web Page Publishing

APPROVED: June 9, 2008