PARENTAL CONSENT AND AUTHORIZATION FORM
FOR TOLEDO PUBLIC SCHOOLS

PLEASE READ CAREFULLY and complete and sign one form for each student in your family. Please print clearly and review and/or fill out each section completely BEFORE signing and dating the form.

Student’s Name (Please print: Last, First, MI) ___________________________ School ___________________________ Grade ___________________________

I.  Permission to Contact Using Email

I give my consent (or do not give consent) to be contacted by school staff members by email. I understand that my email address will remain confidential and will not be given out or used for any purposes other than for district and/or school-related information. The Board of Education encourages parents/guardians to participate in any and all forms of communication that will enhance the student’s potential for success in school.

Upon your consenting signature on this document, school staff members may use the email address you provided on the Registration Form.

[  ] I give my consent      [  ] I do not give my consent      [  ] N/A - I do not have an email address at this time

II. Permission to Display Photographs, Audio, Video or Electronic Images, Artwork and Stories

I give consent (or do not give consent) for photographs, audio, video or electronic images of my child, original written materials, artwork or other work created by my child during the course of instruction; to be used by the school District outside the school setting for exhibition, public display, publication, publicity materials, advertising, news media stories, video, audio or other electronic media such as the district’s website and/or social media pages, television, CD-ROM or DVD. I understand that my child’s full name may also be used with such display. It is also understood that all students may be photographed or video-recorded at events that are open to the public/community or to parents, or events that are held off school property, such as performances, field trips, concerts, picnics, sporting events, etc. Toledo Public Schools has no control over and no liability for the taking of photographs or recording of video images at these events.

NOTE: This form will not impact a parent’s choices concerning school photo yearbook options.

[  ] I give my consent                [  ] I do not give my consent

III. Directory Information

Some information in your child’s school record may be released without your consent to organizations with “legitimate educational interests”. This information is known as directory information. In the interest of protecting the privacy and safety of students, Toledo Public Schools directory information is designated as the following: Name, photo, dates of attendance/graduation, major field of study, participation in sports and activities, height, weight, awards received.

[See Notifications of Rights under FERPA available in TPS Board Policy Manual Section: Student]

If you do not want all or part of the above information released to anyone (including local support organizations, media, universities, military recruiters, etc.), you must indicate what types of information you DO NOT want released in the “I do not give my consent” area below.

I do not give my consent; GIVE NO INFORMATION REGARDING, TO:

[  ] Student Address
[  ] Student Name/ID
[  ] Student Phone Number
[  ] Student Photo
[  ] Military
[  ] Higher Education
[  ] Companies
[  ] Organizations
[  ] Any group or individual

Student ID # ___________________________
IV. Student Acceptable Use, Internet, E-Mail & Virtual Learning

STUDENT AGREEMENT
I have read, understand, and agree to abide by the terms of the Acceptable Use, E-Mail, Virtual Learning & Internet Safety Policy of Toledo Public Schools. Should I commit any violation or in any way misuse my access to Toledo Public Schools’ Computer network or the Internet, I understand and agree that my access privileges may be revoked and District Disciplinary action(s) may be taken against me.

Student Signature________________________________________________      Date:______/______/________

User (place an “X” in the correct bracket)    [  ]I am under 18         [  ]I am 18 or older

PARENT AGREEMENT (To be read and signed by Parent/Guardian of students who are under 18)
As the parent or legal guardian of the above, I have read, understand, and agree that my child or ward shall comply with the terms of TPS’s Acceptable Use & Internet Safety Policy for the student’s access to Toledo Public School’s computer network and the Internet. I understand that it is impossible for the District to restrict access to all offensive and controversial materials and understand my child’s or ward’s responsibility for abiding by the Policy. Further, I accept full responsibility for supervision of my child’s or ward’s use of his or her access account if and when such access is for virtual learning or is not in the District setting.

Toledo Public School students, Grades 8-12, will be assigned a student TPS account and password which will include a TPS student email. The student account, along with email, is meant to enhance student learning. There are times in which your child may be required to access managed software programs for instructional purposes. This along with the required online State testing, will be exempt from the “opt out” choice of the Acceptable Use Policy.

I hereby give permission for my child or ward to use the district approved account to access Toledo Public Schools’ computer network and the Internet. I acknowledge that the AUP is available online at http://www.tps.org and can also be obtained at my student’s school office.

[  ]I give my consent (for Acceptable Use & Internet)     [  ]I do not give my consent (for Acceptable Use & Internet)

[  ]I DO NOT want my student to be allowed to have an e-mail account.*

*This option does not prevent the student from having access to the Internet, but will prevent him/her from having an e-mail option.

V. Student Handbook Certification
I understand the rights and responsibilities pertaining to students and agree to support and abide by (and agree to have my student support and abide by) the rules, guidelines, procedures and policies of the School District as reflected in the Student Handbook.

I acknowledge that the Student Handbook is available online at http://www.tps.org and can also be obtained at my student’s school office.

Parent/Guardian Initials ____________                               Student Initials ____________

VI. Signature(s)

Parent/Guardian Signature: __________________________________________ Date:___/___/_____  

Student Printed Name: ____________________________________________

Student Signature: __________________________________________      Date:______/______/________

[  ]Student is 18 or older