



MEDIA/TECHNOLOGY OPT OUT FORM

Student's Last Name	Student's First Name	Student's Middle Name	Homeroom Teacher:
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MEDIA

From time to time, programs at our schools and the activities of our students and staff are used for district use on the website, social networking accounts, apps, etc. Stories and pictures can also be shared with the local media. As parents/guardians you have the choice to allow your children to appear on television, in the newspaper, or other kind of print. ***If you do not wish for your child to participate please check the box below:***

I do not wish for my child to participate.

USE OF TECHNOLOGY

I have read the ISAAC SCHOOL DISTRICT ELECTRONIC INFORMATION SERVICES USER AGREEMENT and ***do not wish for my child to participate. Please check the box below:***

I do not wish my child to participate.

PLEASE NOTE:

- You may opt out of media and technology access by submitting this form at your child's school during the school year.
- This form supports the district's annual registration process and is required to be maintained in the student's record file.

Parent/Guardian Name (please print) _____

Signature of Parent/Guardian: X _____ Date: Month: _____ Day: _____ Year: _____

OFFICE USE

Date Received: ____/____/____	Date Entered in Synergy: ____/____/____	Student School ID: _____
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