



Sumner County Board of Education

Acknowledgement of 2014-2015 Important Policies for Parents and Students

Student Last Name	First Name	M.I.	Date of Birth
Parent/Guardian Last Name	First Name	M.I.	
Address	Apt./Unit		
City	State	ZIP	
Phone	E-Mail		

PLEASE MARK YES OR NO FOR ALL OPTIONS	YES	NO
A. I am aware that the Sumner County Schools Handbook is available online at www.sumnerschools.org/studenthandbook .		
B. I have read the policies included in the 2014-2015 Important Policies for Parents and Students Handbook . I have discussed these policies with my child and have explained their meaning and associated consequences.		
C. I give permission for my child's name and/or picture to be released for use in the newspaper, on television, on the school's website, or in other published media in recognition for events such as honor roll, student of the month, athletics, or other school activities.		
D. My child has permission to participate in surveys that will be used in developing system policies and strategic plans; school health programs, curriculum and initiatives; and school improvement plans. Surveys will be available for review at www.sumnerschools.org .		
E. My child has permission to participate in the hearing, vision, height, weight, and blood pressure screenings.		
F. I have read the Sumner County Guidelines for Dispensing Medications at School and discussed them with my child.		
G. I have read the information on MRSA in the handbook and discussed it with my child.		
H. Pursuant to TCA § 49-1-201, do you have <u>home</u> Internet connectivity?		

Sumner County Schools Student Internet Use Agreement

CONSENT OF PARENT / GUARDIAN

As the parent or legal guardian of the student named above, I have read the Student Use Technology Resources policy and agree that my student will be bound by these terms. I understand that the school district provides filtered Internet access, but this technology may not prevent access to all inappropriate content; therefore, I agree not to hold the Sumner County Board of Education responsible for access to inappropriate materials online. I also understand that student violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.

STUDENT ACCEPTANCE OF POLICY

As a student in the Sumner County School District, I have read and agree to comply with the Student Use of Technology Resources policy. I understand that violation of this policy may result in confiscation of personal electronic devices, suspension of technology access privileges, or other disciplinary actions up to and including suspension, expulsion, and where appropriate the involvement of appropriate law enforcement.

Parent/Guardian Initials: _____ **Signature of Student:** _____ **Date:** _____

Signature of Parent/Guardian

Date