Pacifica School District Signature Page

This page must be COMPLETED, SIGNED and RETURNED to the school office by Friday, September 1, 2023.

Please tear off this top page **and** the Student Emergency Form to return to school office.
Keep the rest of the packet for your future reference.

Name of Student: _____Grade: _____

School: _____ Teacher: _____

A. **Annual Notification To Parent Handbook:** I acknowledge receiving and discussing with my child the information included in the ANTP Handbook. I agree to the information indicated in the handbook. I agree to receive the Annual Notification to Parents and District Handbook electronically as we move forward. Hard Copies can be provided upon request.

_____(Parent/Guardian initial)

B. **Technology Acceptable Use Agreement**

Student Agreement: I have read the Pacifica School District Technology Use Agreement. I agree to follow all the rules contained in the policy. I understand that if I violate the rules, my access can be taken away and I may face other disciplinary measures.

_____
Student Signature and Date

Parent/Guardian Agreement: As the parent or legal guardian of the student signing above, I have read the Pacifica School District Technology Use Agreement and grant permission for my child to access the Internet for educational purposes. I also understand that it is impossible for the district to restrict access to all controversial materials and I will not hold school personnel responsible for the material accessed or acquired on the network contrary to the above policy.

_____
Parent/Guardian Signature and Date

Google Workspace For Education Parent Agreement: I agree to allow my student to have a psdkids.net GAFE account. I understand the account is for educational purposes only and use must meet the expectations outlined in the Annual Notification to Parent Handbook.

_____
Parent/Guardian Signature and Date

Parental Consent for Use of Technology Tools: I have read the PCUTT information and agree to allow my child to use the indicated district technology subscription programs. The district will not knowingly use, with or without your consent, any program or service if the program or service sells or shares personally identifiable information beyond what is necessary to operate the program or service, in the case of a merger or acquisition, or as required by law.

_____
Parent/Guardian Signature and Date

PLEASE TURN OVER

C. **Notification of Privacy Rights of Parents and Students**

By signing below, I am indicating that I have received and read the Privacy Rights of Parent and Students in the Annual Notification to Parent Handbook.

_____
Parent/Guardian Signature

Additional Completed Forms to Return to School Office by September 1, 2023.

Required Forms: *Highly Encouraged, but Optional Forms:*

☐ Student Emergency Form   ☐ Alternate Income Form