

Google Apps Consent Form

Our school will be using Google Apps for academic projects and class work. If you have any questions about this project or Google Apps, please email the project coordinator at rmaclama@pasco.k12.fl.us.

Parent and/or Legal Guardian Written Consent to participate in the Google Apps Project

Instructions: Parents and/or legal guardians, please read this Consent Form carefully. If you wish to consent, please complete and sign this Consent Form, and return the signed and completed form to your child's teacher. Note: students who are 18 may complete and sign the consent form themselves. Parental or custodial signature is not required.

I, _____ am the lawful legal
(Full name of parent/legal guardian)

parent/guardian of _____ .
(Full name of student)

Student Date of birth (MM/DD/YY): _____

Student Grade Level: _____

By signing below, I give permission and consent for my child to access the following items:

1. Use Email, an online email client which will be limited to sending and receiving only to teachers and other students within the Pasco County School District.
2. Use Calendar, which will be visible only to other teachers and students within the Pasco County School District.
3. Use Docs, which will allow students to share documents only with teachers and students within the Pasco County School District.
4. Use Sites, which will allow students to create web sites visible only to teachers and students within the Pasco County School District.
5. Use Mobile, which will allow students to access their Google account on mobile devices.
6. Additional collaborative services that Google may provide in the future that enhance the educational experience and that would be visible only to teachers and students within the Pasco County School District.

Usage of this service is subject to the District's Student Network Access Agreement, which can be found online at http://www.pasco.k12.fl.us/library/is/forms/mis_191.pdf

Parent/Guardian Signature _____ Date _____