

Durand Middle/High School Signature Form 2020-2021

Student Name: _____ Grade: _____ Date: _____

PHOTOGRAPH/VIDEOTAPE PERMISSION

During the school year students may be photographed or videotaped during classroom activities or programs for use in various print or electronic media (Newspaper/Yearbook/Facebook/etc). In order to be certain that we do not infringe on the privacy of your student, we ask that you please sign below and check the appropriate box.

Permission Granted Permission Denied _____
Parent/Guardian Signature

HARASSMENT/BULLYING POLICY

I verify that I have read and discussed with my student about the district's harassment/bullying policy and procedures and understand the consequences of such behaviors.

_____ _____
Parent/Guardian Signature Student Signature

VERIFICATION OF THE STUDENT CODE OF CONDUCT

I verify that I have reviewed and am aware of the contents of the Student Code of Conduct (found on the High School website under publications).

_____ _____
Parent/Guardian Signature Student Signature

ATTENDANCE POLICY

I verify that I have reviewed and am aware of the District's Attendance Policy, and that my student is subject to the truancy/habitual truancy process if attendance becomes a problem.

_____ _____
Parent/Guardian Signature Student Signature

CLOSED CAMPUS POLICY

I verify that I have reviewed and am aware of the Closed Campus Policy.

_____ _____
Parent/Guardian Signature Student Signature

COMPUTER/INTERNET USE POLICY

I have read the Durand-Arkansaw School District Computer/Internet Acceptable Use Agreement and agree to abide by these rules.

Student Signature

I have read the Durand-Arkansaw School District Computer/Internet Acceptable Use Agreement and agree that my student should be held accountable for abiding by these rules.

Parent/Guardian Signature

DIGITAL LEARNING INITIATIVE RESPONSIBLE USE AGREEMENT FOR PARENTS/STUDENTS

As the parent/guardian, my signature indicates I have read and understand this Digital Learning Initiative Use Policy as well as the Responsible Use of Technology Policy, and give my permission for my child to have access to the described electronic resources.

_____ At **SCHOOL** and at **HOME**

_____ At **SCHOOL** only

Parent/Guardian Signature

Date

As the student, my signature indicates I have read or had explained to me and understand this Digital Learning Initiative Use Policy and the Responsible Use of Technology Policy, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes.

Student Signature

Date

LEGAL REF: Sections 120.13 Wisconsin Statutes

175.22, 942.09, 943.70, 947.0125, 968.27-968.27, 995.50, Electronic Communications Privacy Act of 1986

CROSS REF: Children Internet Protection Act; Responsible Use of Technology Policy

ADOPTED: 12/18/13

DIRECTORY DATA RELEASE FORM

ESEA, ALSO KNOWN AS "No Child Left Behind," requires school districts to comply with federal mandates. Section 9528 of ESEA requires school districts to provide access to students and student directory data to military and other "institutions of higher education."

_____ Permission Granted _____ Permission Denied

Parent/Guardian Signature

Skylert Messaging

Recent FCC changes have included the Skylert Messaging in the category of RoboCalls. In order to send these types of emergency or informational messages, we must have your approval. By checking one of the boxes below, you will be granting/denying permission for the School District to send Skylert Messages via text message, email, or phone.

_____ Permission Granted _____ Permission Denied

Parent/Guardian Signature

ACADEMIC RECORDS RELEASE FOR SAFE DRIVER DISCOUNT

I give Durand-Arkansaw High School permission to release academic records of my child to our insurance carrier upon their request for the sole purpose of Safe Driver Discounts.

Print Student Name

Parent/Guardian Signature

Date

STUDENT'S MIDDLE NAME

The state requires middle names for reporting purposes. My student's middle name is _____.