

STUDENT AGREEMENTS FOR USE OF TECHNOLOGY

- I agree to use my assigned device only within the 50 states of the United States of America.
- If my assigned wireless device is damaged, lost or stolen, I agree to report it immediately to the District by contacting **techhelp@gesd40.org**. I am responsible for the replacement cost of the device if not returned in good working order.
- I agree to be kind and safe in my digital interactions with others and to take care of the device assigned to me using it for approved school learning
- If anyone makes me feel pressured or uncomfortable, or acts inappropriately towards me, I will let an adult know.
- I will not bully, humiliate, or upset anyone online or with my device and stand up to those that do
- I will take care of the device I'm using and tell my family/school if it is broken, stolen, or lost.
- I will not create accounts or give out any private information.
- I will not share my passwords with anyone other than family.
- I know that whatever I share online can spread fast and far.
- Whenever I use, reference, or share someone else's creative work online I will give credit to the author.

Student Name: _____

STUDENTS PHOTOGRAPHS, VIDEOS, AND/OR SOUND RECORDING OPT-OUT A parent or guardian may withhold permission to have a student photographed, videotaped, and/or audiotaped during school-sponsored activities, learning experiences, and/or media events. As the parent or guardian of the student identified above, I understand that if I opt-out, my child will not be included in pictures taken by school staff, students, or anyone outside the school, including commercial photographers and the media, nor will my child's picture be part of a school yearbook, memory book, memory video, sports team, club, or any other medium.

Note: This does not include videotaping by security cameras in school or on school buses.

If you do not want your child to be photographed, videotaped and/or audiotaped, check the box below and sign:

- DO NOT allow my child to be photographed, videotaped and/or audio taped during school-sponsored activities and/or learning experiences.
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- I agree and understand the expectations of GEO Learning School as a parent and have reviewed this with my student(s).

Parent Signature _____

Date _____