

**PRINT NAME OF STUDENT:** \_\_\_\_\_

**COURSE:** \_\_\_\_\_

This form must be returned to the teacher on the first day Summer School.

**Notification of Use of Personal Information and Copyright Permission  
Freedom of Information and Protection of Privacy Act (FOIP)**

The full Notification of Use document can be found on our website at <https://summerschool.spschools.org/>

\_\_\_\_\_ I give permission to the school to allow my son/daughter to participate in promoting student achievements and activities in public venues, to allow his/her work to be showcased both in the school and in the community, and to be interviewed, photographed and/or videotaped for school related activities. It is my understanding that this promotion can be done by the school, the Board or other outside agencies (e.g. Television stations, local newspapers, etc.) for non-profit educational purposes.

\_\_\_\_\_ I have read the Registration Form and understand how the information may be used. I affirm that the information provided on the Registration Form is complete and correct.

\_\_\_\_\_ No, I would like to decline consent.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Student Acceptable Use of Technology Agreement (Gr. 7-12)**

The full Student Acceptable Use of Technology Guidelines and Agreement documents can be found on our website at <https://summerschool.spschools.org/>

School \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Student Section**

I have read the Acceptable Use of Technology Agreement. I agree to follow the rules and expectations contained in this agreement. I understand that if I violate the agreement, my account can be terminated and I may face other disciplinary measures. I understand that my computer and network use may be monitored at any time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent Endorsement (Grades 7 - 12)**

I have reviewed this document and each paragraph with my child. I have discussed the importance of this agreement with my child. I understand that computer access is for educational purposes. I will instruct my child regarding acceptable use, including that which is set forth in the Acceptable Use of Technology Agreement. I will emphasize to my child the importance of following the rules for personal safety. I understand that my child's computer and network use may be monitored at any time. I understand that some materials on the Internet may be objectionable, and that my child may manage to access those materials despite efforts of the District and its staff. I hereby release St. Albert Public Schools and its personnel from any and all claims and damages arising from my child's use of, or inability to use, the St. Albert Public Schools' computer systems.

I give permission to allow internet access for my child and certify that the information contained in this form is correct.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone