

HANDBOOK SIGNATURE FORM

Please review the Student Handbook at www.sdale.org and return this completed signature form to your child's school

Name of Student:

School:

Grade:

I understand the **Springdale Public Schools Student Handbook** and all district policies may be accessed at www.sdale.org. By signing the Handbook Signature Form I am stating that I have read and understand all policies.

I understand my child will receive state mandated health screenings to include Vision and Hearing, BMI (height and weight), and Scoliosis.

Parent/Guardian Signature _____ Student Signature _____ Date _____

ACCEPTABLE USE AGREEMENT (AUA) AUTHORIZATION FORM PERMISSION FOR TECHNOLOGY USAGE AND ELECTRONIC PUBLISHING

Student Name: _____ ID No. _____ School: _____ Grade: _____

After reading the Acceptable Use Agreement (AUA). I have read, understand, and agree to adhere to the Acceptable Use Agreement. I agree that my student has permission to access various forms of technology used for instructional purposes and to use the Internet for instructional purposes.

Parent/Guardian Signature _____ Student Signature _____ Date _____

ARKANSAS DEPARTMENT OF EDUCATION PARENT/LEGAL GUARDIAN MEDIA RECORDING RELEASE FOR STUDENTS

I, _____, Parent/Legal Guardian of _____ (student's name), hereby grant permission to the Arkansas Department of Education (ADE) to use the above-named student's photo, video, and likeness for promotional purposes by the ADE in all manners, including, but not limited to: news releases, photographs, video, audio, website, and other electronic or printed published media. I agree that these images and/or voice recordings may be used for a variety of purposes without further notifying me. I understand the ADE shall not use any of the student's personally identifying information, except for the student's first name, the school that he/she attends, and the student's grade, without first obtaining my express permission. The ADE has my permission for this use until I submit written revocation of my permission to the ADE Communications Office at Four Capitol Mall, Room 404-A, Little Rock, AR 72201, ADE.Communications@Arkansas.gov, or you may call 501-682-2155. I understand the ADE does not have control over a third party who retrieves my student's information published by the ADE and uses it without my permission. I agree to hold the ADE harmless for such misuse of my student's information.

Parent/Legal Guardian Name _____ Parent/Legal Guardian Signature _____ Date: _____

AUTHORIZATION TO BILL MEDICAID FOR SCREENINGS

Disclosure is made to third party billing for vision and hearing screenings, if applicable. If a parent doesn't agree with this, they must submit in writing within thirty days from receipt of handbook to district administration.

***This form should be filled out only if parent is denying permission for listed activities.**

**Springdale Public Schools
Technology Usage Denial Form**

Student Last Name _____ Student First Name _____
(please print)

ID Number _____ School/Locations _____ Grade/Level _____

I deny permission for the checked activities below:

- Video taping of my child
- Publication of my child's written and/or art work within the school, on the school's website, or on media outlets
- Use of my child's first name
- Use of my child's picture
- Permission to have computer access and to use the Internet for instructional purposes*

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

*I understand that denial of privileges to computer access and to use the Internet means that my student will not be allowed to complete any of his/her schoolwork on any school computers.

Received by: _____ on _____ School: _____
(date)

**OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION
(Not to be filed if the parent/student has no objection)**

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure or publication by the Springdale School District of directory information, as defined in Policy JOA, concerning the student named below. The district is required to continue to honor any signed opt-out form for any student no longer in attendance at the district.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, etc., is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year or the date the student is enrolled for school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

- Deny disclosure to military recruiters
- Deny disclosure to Institutions of postsecondary education
- Deny disclosure to Potential employers
- Deny disclosure to all public and school sources

Selecting this option will prohibit the release of directory information to the three categories listed above along with all other public sources (such as newspapers), **AND** result in the student's directory information **not** being included in the school's yearbook and other school publications.

- Deny disclosure to all public sources

Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), but permit the student's directory information **to be included** in the school's yearbook and other school publications.

Name of student (Printed)

Signature of parent (or student, if 18 or older)

Date form was filed (To be filled in by office personnel)