



USD #471 DEXTER SCHOOLS



311 N. MAIN STREET-DEXTER, KANSAS 67038-PHONE: 620-876-5415

USD #471 Student Permissions Sheet

Student's Name: _____ **Grade:** _____

PARENT/LEGAL GUARDIAN CONSENT Due to recent changes to the Telephone Consumer Protection Act (TCFA), parents are now required to "opt in" to receive automated communications on their mobile device. I give U.S.D. 471 and its schools permission to contract me via my cellular device for automated phone calls and SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. By signing, I certify that I am the owner of this cellular device and its user contract, I also am taking responsibility for other phone numbers I have given.

Yes _____ No _____

Authorized Student Data Disclosures in accordance with the Student Data Privacy Act and board policy IDEA, Student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and

The student and the parent or legal guardian of the student, provided the data pertains solely to the student.

Yes _____ No _____

Emergency Treatment Authorization If a parent or authorized person(s) cannot be reached, I authorized school officials, in the event my child is injured or in need of medical attention, to take emergency action at the parent/guardian's expense.

Yes _____ No _____

In-District Field Trip Permission From time to time your student will be taken off school grounds within the district for educational purposes. You will be notified prior to these trips. I give my permission for my child to be taken off school grounds for educational purposes. *If your child will be taking a trip outside the district, a separate permission slip will need to be signed before your student can participate.*

Yes _____ No _____

Media Permission I acknowledge and authorize, release and/or otherwise consent of my child, to be the subject of photographs, video or audio recordings webcasts, or combinations thereof, that are taken, recorded at a school or school related activities. Furthermore, these media products are allowed to be posted on the school's website, social media, local newspapers, or other news outlets.

Yes _____ No _____

Release of Immunization Information I hereby authorize USD 471 to release information to the Kansas Immunization Registry for this student. The immunization information disclosed to the registry will be used for purposes of assessment and reporting to prevent disease. I affirm that I am authorized to consent to the release of medical information on behalf of this student. I understand that this authorization will expire when the student is no longer enrolled in school and that I may revoke this authorization in writing at any time.

Yes _____ No _____

Student Access Contract As the parent/guardian of this student, I have read the terms and conditions of the Acceptable Use Policy (AUP). I recognize that the district is making every attempt to restrict access to all inappropriate materials. However, I accept full responsibility for my child's compliance, and, hereby, give my permission for my child to use the internet. Selecting YES will indicate you are willing for your child to participate in using technology according to the policy.

Yes _____ No _____

Parent's Signature: _____

Parent's Cell Number(s) _____

Student's Signature: _____

Student's Cell Number (Grades 9-12 only) _____