

Student Name: _____

Grade: _____

Homeroom/Teacher: _____

Acceptable Use Policy Acknowledgement *See Acceptable Use Policy Notice

Students/Staff Members

Your Name: _____ (please print)

I acknowledge that I have read, and agree to abide by, the USD 320—Wamego School District -- Acceptable Use Policy. I acknowledge that the District may review and/or monitor the electronic (e-mail) files or messages sent or received using the District's computer equipment or networks. I have no expectation of privacy. I accept full responsibility and liability for the results of my actions related to instructional technology/equipment, software, and electronic access to the Internet. I further accept that inappropriate behavior will lead to disciplinary action.

Student/Staff Signature: _____

Date: _____

Parent or Guardian

As parent or guardian of _____, I acknowledge that I have read the USD 320—Wamego School District -- Acceptable Use Policy and will abide by that policy. I acknowledge that the District may review the electronic (e-mail) files or messages sent or received using the District's computer equipment or networks and hereby authorize the District to review records and files. I further accept that inappropriate behavior will lead to disciplinary action. I hereby give permission to the systems administrator to issue an Internet account for my child.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

Accidental Insurance Acknowledgement * See Accident Insurance Coverage Notice

Parental Insurance Waiver

I have been informed that the Wamego Public School system does not provide for accident insurance to cover injuries by our child at school or school sponsored activities. I/We, the undersigned, feel we have adequate insurance protection for our son/daughter while practicing or in interscholastic sports, or other school sponsored activities.

Parent/Guardian Signature: _____

Date: _____

Enrollment

I wish to enroll my child in the Accidental Insurance Coverage plan. I will contact the District Office for an application form at: USD 320, 510 E. Hwy. 24, Wamego, KS 66547 or 785-456-7643. I understand that coverage does not begin until the application has been returned with payment.

Parental Release Consents

Photo/Video Release—My child may be photographed or video taped participating in regular school or school-related activities, and those photos or video footages may be used by teachers, school district publications (including yearbook), or news media focused on promotion of a positive learning environment. Yes No

Field Trip Release—Before allowing any child attending school in USD 320 to participate in a field trip within the city limits or elsewhere; the school requires this form to be signed by either parent or guardian. We (the parents or guardian) understand arrangements have been made to take field trips for educational experiences. We believe that the necessary precautions and plans for care and supervision have and will be taken. Beyond this, we will not hold the school or those supervising the trip responsible. A note will be sent home prior to all field trips.

Yes No

Parent/Guardian Signature: _____

Date: _____