

## **PERMISSION/RESTRICTION/WAIVER INFORMATION**

### **INTERNET ACCESS**

Your child has access to electronic communication known as Internet. The Internet is a computer information system interconnected with thousands of computer networks. The vast domain of information contained within Internet's libraries can provide unlimited opportunities to students.

Students will be able to access the Internet through their teachers. Individual student accounts and electronic mail addresses will not be issued to students at this time but may be in the future. If a student already has an electronic mail address, he/she will not be permitted to use the address to send and receive mail at school.

Students will be expected to abide by the following network etiquette:

- The use of the network is a privilege and may be taken away for violation of board policy or regulations. As a use of the Internet, students may be allowed access to other networks. Each network may have its own set of policies and procedures. Students will abide by the policies and procedures of these other networks.
- Students will respect all copyright and license agreements.
- Students will cite all quotes, references, and sources.
- Students will only remain on the system long enough to get needed information.
- Students will apply the same privacy, ethical and educational considerations utilized in other forms of communication.
- Student access for electronic mail will be through the supervising teacher's account. Students should adhere to the following guidelines:
  - a. Others may be able to read or access the mail, so private messages should not be sent.
  - b. Delete unwanted messages immediately.
  - c. Use of objectionable language is prohibited.
  - d. Always sign messages.
  - e. Always acknowledge receipt of a document or file.
- Students accessing Internet services that have a cost involved will be responsible for payment of those costs.

If your child is given permission to access the Internet he/she will have to sign a form acknowledging the following:

I have read the expected network etiquette and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet privileges.

I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

### **RESTRICTED ACCESS MATERIALS**

The West Burlington School District has established areas in each media center where materials can be placed for restricted access to students due to the maturity level deemed necessary for the material, the use of the materials in a particular class or at a particular grade level, or because the nature of the material lends itself to "disappearing" from the media collection. As a parent/guardian you can deny your child access to the materials in these areas by checking the appropriate boxes on the combined permission form sheet.

**(OVER)**

### **PHOTO RELEASE**

From time to time we will be photographing students. The photos may be used for a variety of purposes in many different media formats including on the school's web page. You will receive no compensation for the use of the photograph(s). The photo release permission gives right to use name and biographical material as deemed appropriate by the school. You can elect to exclude use on the school's web pages and give permission for use in other media formats.

### **VIDEOTAPE RELEASE**

From time to time we will be videotaping students. The videotape may be used for a variety of purposes such as for other educators to view, parent meetings, and presentation purposes. You can elect to deny inclusion of your child on a videotape that will be used on the school's web pages.

### **FIELD TRIP PERMISSION**

This serves as a blanket permission slip for your child to participate in class field trips in Des Moines County without having to fill out a form each time. Instructors will still be expected to keep parents informed in regards to place, date, time, and other pertinent information in regards to the field trip.

### **SCHOOL ACCIDENT INSURANCE WAIVER**

The school district does not carry accident insurance to cover injuries by your child at school. We make a low cost insurance available for your purchase. If you feel you have adequate coverage or just don't want this insurance please indicate on the form sheet.

### **INSURANCE WAIVER FOR STUDENT PARTICIPATION IN INTERSCHOLASTIC SPORTS OR OTHER SCHOOL SPONSORED ACTIVITIES (GRADES 7-12)**

Students are required to have insurance coverage to participate in interscholastic sports and it is recommended for other school-sponsored activities. If you have coverage for your child for their participation in interscholastic sports please indicate the waiver of need on the form sheet. You will need to provide proof of insurance for your child to practice any sport in grades 7-12.

### **OPEN CAMPUS AT LUNCH (GRADES K-8)**

The Independent School District of West Burlington has a closed campus lunch policy for all students, grade K-8. Students may be allowed to leave during their lunch period if they have permission granted by the parents. Permission to leave during lunch allows the student to go only to the home of their parent, guardian or grandparent. Students are not allowed to go to another student's home, downtown West Burlington, the mall or other places of business, unless accompanied by a parent. Violation of this policy will result in suspension of the privilege.

Students in grades 9-12 have open campus at lunchtime.

## K-12 PERMISSION/RESTRICTION/WAIVER FORM SHEET

Student Name: \_\_\_\_\_

Check the boxes of those you want put in force.

**Internet Access Permission**

I have read the rules and give my permission for my child to use the West Burlington School District on-line and network connections as part of their educational experience.

**Media Access Restriction – Maturity Level**

I wish to restrict my child's access to materials that were placed in the restricted access area due to the maturity level needed for appropriate processing of the content.

**Media Access Restriction For All Materials In Restricted Access Area**

I wish to restrict my child's access to all materials placed in the restricted access area of the media center.

**Photo Release Permission (Web Pages Included)**

I have read the rules and give permission for photograph(s) of my child to be used by the school in a variety of media formats including use in the school web pages.

**Photo Release Permission (Web Pages Excluded)**

I have read the rules and give permission for photographs of my child to be used by the school in a variety of media formats excluding use in the school web pages.

**Videotape Permission (Web Page Use Included)**

I have read the rules and give permission for my child to be videotaped as part of the school's programs knowing that these videotapes may be shown to a variety of audiences including use on the school web pages.

**Videotape Permission (Web Page Use Excluded)**

I have read the rules and give permission for my child to be videotaped as part of the school's program knowing that these videotapes may be shown to a variety of audiences excluding use on the school web pages.

**Field Trip Permission**

I give permission for my child to take part in class field trips in Des Moines County.

(OVER)

**School Accident Insurance Waiver**

I believe we have adequate insurance protection or do not want accident protection for injuries incurred by my child at school.

**Insurance Waiver For Students Participating In Interscholastic Sports Or Other School Sponsored Activities (Grades 7-12)**

I believe we have adequate insurance protection for our son/daughter while practicing or participating in interscholastic sports or other school sponsored activities.

**Open Campus At Lunch (Grades K-8)**

I have read the rules and give permission for my child to leave campus during lunchtime.

**Emergency Treatment Permission**

If emergency treatment is required and the parent/guardian cannot be reached immediately, the school authorities will use their own judgment for hospital emergency room treatment if this is checked. If it is not checked please tell us what you want done.

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**The following children (age 0-16) not of school age or not attending the West Burlington Schools live in our home:**

<u>NAME</u>	<u>DATE OF BIRTH</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_