

**Freeport School District#145**  
**Authorization for Electronic Network Access Form**

*Submit to Building Principal.*

Students and their parents/guardians need only sign this *Authorization for Electronic Network Access* annually while the student is enrolled in the School District. Staff members need only sign this *Authorization for Electronic Network Access* annually while employed by the School District.

Please check the appropriate box:

Staff member

Parent/Guardian of student

Student \*

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

\_\_\_\_\_  
User Name (*please print*)

\_\_\_\_\_  
User Signature

\_\_\_\_\_  
Date

**\* Students are required to have a parent/guardian read and agree to the following:**

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

\_\_\_\_\_  
Parent/Guardian Name (*please print*)

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

\_\_\_\_\_  
Date

Freeport School District • 501 East South Street • Freeport, IL 61032  
Phone 815-232-0300 • Fax 815-232-6717

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**PARENT/STUDENT HANDBOOK INFORMATION, COMPLIANCE AND RELEASE**  
**FORM**

(This form may also be used with students who are 18 or emancipated.)

Please initial the following:

\_\_\_\_\_ **ATHLETIC CODE (Middle School, and High School only)**

In order for a student to be eligible for participation on a district sponsored athletic team the student and a parent or guardian must acknowledge receipt of the athletic code each year of a student's athletic career. Coaches of all sports will also review the athletic code of conduct at the beginning of each season as reminder to student athletes of the commitment.

\_\_\_\_\_ **STUDENT INFORMATION (Initial to release information as appropriate.)**

School student records are confidential, and information from them shall not be released other than as provided by law. Throughout the school year, the district **may** release directory information regarding

students, **limited to:** Name, address, gender, grade level, birth date and place, parents'/guardians' names and addresses, academic awards/degree/honors, and information related to school sponsored activities/organizations/athletics.

*Any parent(s)/guardian(s) or eligible student (age 18 or older) may prohibit the release of directory information concerning a student. Directory information will be released as appropriate within this school year, unless the parent(s)/guardian(s) objects in writing.*

\_\_\_\_\_ **PUBLICITY/PHOTO/NAME RELEASE**

On occasion, schools may have reason to publish in our local newspapers, or on our website, names and/or pictures of students. Pictures of their accomplishments or pictures of their participation in district programs may also be included. If you agree to have your child's picture, name, and/or project included in these publications, please indicate your consent by initialing.

\_\_\_\_\_ **TEXTBOOK LOAN PROGRAM**

I hereby request participation in the State of Illinois Secular Textbook Loan Program in accordance with Public Act 79-961 of 1975. I may at any time withdraw this request in writing.

\_\_\_\_\_ **EMERGENCY MEDICAL CARE**

In case my child becomes ill or is injured at school and needs emergency medical care and I cannot be reached, you are authorized to take my child to the FHN Memorial Hospital. The decision to send a student to the hospital is determined at the discretion of FSD #145 staff. I agree to assume all responsibility and expenses incurred by handling of this emergency care.

\_\_\_\_\_ **STUDENT CODE OF CONDUCT**

I understand that I have received the Student Code of Conduct and am responsible for my understanding **and** my child's understanding of the information contained in the Code of Conduct. I recognize my responsibility as a stakeholder in my child's education to assist the school in enforcing the standards of conduct.

**I have received and will review and discuss the 2014-2015 Freeport School District #145 Student/Parent Handbook with my son/daughter.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**I have received and will review and discuss the 2014-2015 Student/Parent Handbook with my parent/guardian. I understand that I must know and follow the rules, procedures and policies contained in the handbook. If I have any questions, it is my responsibility to seek the answer from my teacher or principal.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_