

Hopewell Valley Regional School District
GUIDELINES FOR RESPONSIBLE COMPUTING and PUBLICITY CONSENT FORM

Student Name: _____ Grade: _____

Address, City: _____ Home Room: _____

Parent/Guardian Name: _____ Work/Cell Phone: _____

Section One ~ Acceptable Use Policy

- I hereby give permission for my son/daughter to use the information technology services, including Internet access, provided by the Hopewell Valley Regional School District. I have read the Guidelines for Responsible Computing on our website (www.hvrtd.org) under Offices, Technology. I acknowledge the potential for my son/daughter to access inappropriate information, and that while the school district restricts connection to inappropriate sites, my child is ultimately responsible for the information he/she accesses.

Section Two ~ Publicity Releases

Check boxes to give permission. If you leave a box blank, the information will not be released.

- I GRANT permission to the Hopewell Valley Regional School District to release information about my child through school-related publicity releases to media outlets (Hopewell Valley News, Pennington Post, The Times of Trenton, etc.). The release may include information such as name, school, grade/teacher, performance role, name of course or activity, work product and photograph.
- If my child is participating in an athletic activity, I GRANT permission to release information such as team, position, age, height and weight, statistics and injury.

Section Three ~ Website Permission (choose one)

Check one box to indicate your permission. If you leave both boxes blank, no information will be posted on a school and/or district website.

- I GRANT permission for my child's photo image and other personal identifiers, such as name, to be published on a school and/or district website.

OR

- I GRANT permission for a photo image only to be published on a school and/or district website.

Section Four ~ Signature

I hereby certify that the choices indicated above have been made by me after reading the accompanying required annual notice of Parents' and Adult Students' Rights for 2010-2011 found in the Virtual Backpack on the school district website. I understand that this acknowledgement will apply for the rest of my child's schooling in the Hopewell Valley Regional School District unless I choose to cancel. I further certify that (check one box and sign):

- I am the parent or legal guardian of the student named on this form and this is my signature.

Signature _____ Date _____

- I am the student named on this form. I am 18 years of age and this is my signature.

Signature _____ Date _____

**Please return completed forms to the school main office or
your child's homeroom teacher.**