

Parental Opt-out

After reading this FAQ, I am not comfortable allowing my child access to a Google Apps for Education Account.

Please Print and Return the following form to the office:

I confirm that I have read and understand the following:

If you DO NOT want your student to access Google Apps for Education, please complete, sign, and return this form to your child's school. If, at any time during the school year, you would like to rescind your decision and change your permission, you must submit a request in writing to the school.

___ I DO NOT want my student to be allowed access to Google Apps for Education.

Student Name:

(Print) _____

Grade: _____

Parent/Guardian Signature: _____ Date: _____
