

# INSTRUCTIONAL TECHNOLOGY USE FORM KINDERGARTEN TO GRADE 12—IJND-E1



**If you are electing to “opt out” of the below item, please indicate by checking the appropriate box, signing below and returning the form to the school. No action is necessary if you are not “opting out.”**

***As a parent or legal guardian*** of the minor student named below, I do not give permission for my child to have access to:

Instructional technology provided by RETSD

**Please note:**

Parents who indicate “no” need to discuss this decision with their child

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Parent name

\_\_\_\_\_  
Parent signature or student signature if  
18 years of age or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
School name

\_\_\_\_\_  
Homeroom teacher/advisor

\_\_\_\_\_  
Grade

**THIS FORM WILL BE APPLICABLE UNTIL THE END OF THE CURRENT SCHOOL YEAR OR WHEN PARENTS INDICATE A CHANGE IN PERMISSION.**