

Student Image and Technology Opt-Out Form  
**(This form must be returned.)**

Student Name:

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*(Please Print)* Last Name First Name MI Grade

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ My child **HAS** my permission for all of the listed privileges listed below.

“Published” is defined as viewable by the public through a variety of electronic media (i.e., web site, television, video, newspaper, etc.). This may include any combination of the options below.

Please place a check in the blank provided for each of the following items of which you do **NOT** want your child to participate and sign at the end of this document

1. \_\_\_\_\_ My child does **NOT** have my permission to access the school networked computers, which include the Internet.

Florida Southern College and The Roberts Academy provide Internet filters and take great care to block access to inappropriate material. Although a conscious effort is made to deter access to materials that are inappropriate in the school environment, no safeguard is foolproof. Students are responsible for avoiding access to inappropriate material.

By checking #1, your child will not be able to access important and valuable educational resources such as the school’s online library card catalog, instructional software and resources for research and printing.

2. \_\_\_\_\_ My child does **NOT** have my permission to be photographed or videotaped.

By checking #2, your child’s photograph will not be in the yearbook nor will he/she be videotaped for any school productions.

3. \_\_\_\_\_ My child does **NOT** have my permission to have photo/video image published.

4. \_\_\_\_\_ My child does **NOT** have my permission to have work published.

5. \_\_\_\_\_ My child does **NOT** have my permission to have his/her first and last name appear **ALONG WITH** their work produced, photo and/or video image.

By checking # 5, your child’s photo and name **together** will **NOT** be included in news about honors, awards, and accomplishments.

*\*This form applies to The Roberts Center tutoring students, as well.*

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Parent/Guardian Name/s

*(Please Print)* Last Name First Name MI

Parent/Guardian Signature/s \_\_\_\_\_ Date: \_\_\_\_\_