

K-12 Technology Opt-Out Form

Complete this form only if you want to revoke your student's access to district technology resources.

Dear Parent/Guardian:

We live in a global and digital world -- a world changed by technology and new ideas about how we communicate with one another. In Argyle ISD we realize that students must develop the research, information fluency, and technology skills that will allow them to be successful in this digital world, as well as the skills necessary to live safely and ethically. For this reason, the District provides computer access privileges, as well as access to the Internet, email, digital communication and collaboration tools, online learning spaces, and electronic educational resources. These resources, tools, and equipment are essential to teaching and learning.

Under the federal Children's Internet Protection Act (CIPA), the district is required to filter Internet access and teach online safety. The District takes your student's safety and privacy very seriously. The District makes every effort to supervise and monitor student technology use. We use a filter appliance to block access to Internet content that is obscene, pornographic, and harmful to minors. We provide access to online learning spaces, and limit access to students and teachers.

Parents or guardians have the right to terminate their student's access to electronic tools and resources by signing this Opt-Out form. If you do not want your student to use district technology resources, please be aware that your decision to eliminate access to these tools may significantly affect your student's ability to work collaboratively with his or her peers on class assignments and projects, and may hamper the development of skills necessary to live and work in this increasingly digital world.

This Opt-Out will remain in effect for one school year, and expires at the end of this school year. A parent or guardian must complete a new Opt-Out form every school year.

Please write your initials in the blank next to the statement, complete the other information below, and sign and return this form to the main office at your student's school. If you are denying access for multiple students, you must complete a form for each student.

____ I **Do NOT** want my student to access or use district technology resources or electronic educational resources.

Student First and Last Name (Print) _____ Student Identification Number _____

School _____ Grade _____

Parent / Guardian Signature _____ Date _____