

**Conway Public Schools
Parent-Student Document Verification**

Date: _____ (Please return signed form within 10 school days of receipt)

Parent/Guardian's Name Printed: _____

Student's Name Printed: _____ Grade: _____ Teacher: _____ Homeroom _____

My signature verifies receipt of the following information:

- ❖ Receipt of Parent-Student Handbook
- ❖ Form objecting to Publication of Directory Information
 - (Attach form located in the back of the handbook *if you object*)
- ❖ Form objecting to Physical Examinations or Screenings
 - (Attach form located in the back of the handbook *if you object*)

Parent/Guardian's: _____ Student's Signature: _____

As a parent or legal guardian of the minor student signing below, I grant permission for my son or daughter to access networked computer services and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable but I accept responsibility for guidance of Internet use – setting and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

Parent/Guardian's Signature _____

As a user of the Conway Public Schools' computer network, I hereby agree to comply with the Computer Use Policy printed in the student handbook.---See Board Policy 4.29 and 4.29F

Student's Signature: _____

Conway Public Schools must have parental permission to videotape, photograph, and make a voice recording or motion picture of you, or your minor child. These may be used in connection with a newspaper, district newsletter, educational television program or subsequent visual or audio presentations. These programs and presentations are exclusive property of Conway Public Schools, and do not entitle a parent or child compensation or remuneration for individual participation. The District has no control over how the photograph or video clip is used or misused after publication.

Please initial by your choice:

_____ **Yes, I give my permission for areas listed above**

_____ **No, I do not give my permission for any of the areas listed above**

CPS Parent's Consent for Web Publication of Work and Photographs

I agree that, if selected, my son's/daughter's work may be published on the school's Web site or the District Web site. I also agree that photographs that include my son/daughter may be published subject to the school guidelines that photographs will not clearly identify individuals and that full names will not be used. It is understood, however, that once the photograph is displayed on a web site, the District has no control over how the photograph is used or misused by persons with computers accessing the District's web site.

Please check one: () Yes () No

School: _____

Student Name: _____

Parent Signature: _____ Date: _____

*We understand that all students will participate in the state mandated **Smart Core** curriculum beginning with the seventh grade class of 2004-05 unless we waive our child's right to participate. In such case of a waiver, our child will be required to participate in the core curriculum. In the event that you choose to sign a waiver or reversal form, contact your child's counselor. The **Smart Core curriculum is the default curriculum unless a waiver is signed.***