QUEEN OF THE ROSARY SCHOOL GOOGLE APPS FOR EDUCATION PERMISSION FORM

Student Name:	Homeroom:
By signing below, I confirm that I have read and understand the following about my student:	
In accordance with the Children's Online Privacy are seeking your permission for your student to ac first and last name, username, and password may the purpose of securing confidential credentials ar information will be collected and stored electronic will not be shared except for the purpose of providential credentials.	be provided to the online resource for a daccess for the student. This cally, but will remain confidential and
Upon parental approval, the student will be provided only with his or her credentials, where he or she can teacher or other students, participate in educations	an store data, collaborate with the
I consent to my student using Google Apps for Edof the Rosary School to provide my student's first password to Google Apps for Education for the pronline resource.	t and last name, username, and
I understand that this consent will be effective for at Queen of the Rosary School.	the duration to my student's enrollment
Parent/Guardian Name (Print)	Date
Parent/ Guardian Signature	

***PLEASE RETURN THIS FORM TO SCHOOL NO LATER THAN FRIDAY, NOVEMBER 11TH.