



Acceptable Use, Internet Safety Regulation and Google Apps for Education Notification of Children’s Online Privacy Protection Act Form

Suffolk Public Schools is providing students with Google Apps for Education (GAFE) accounts. GAFE accounts include free, web-based programs including email, document, spreadsheet, presentation, calendar and collaboration tools for students and teachers. This service is available through an agreement between Google and Suffolk Public Schools.

Google Apps for Education runs on an Internet domain purchased and owned by the district and is intended for educational use only. This permission form serves to obtain parental consent and notification of the Children’s Online Privacy Act (COPPA).

Children’s Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for Google Apps for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school’s use of student information is solely for education purposes. For more information about COPPA, please consult <http://www.ftc.gov/privacy/coppafaqs.shtm>.

Suffolk’s K-12 Google Apps for Education is available at school and at home via the web. Even though email from known inappropriate sites is blocked, there is always a chance students will be exposed to inappropriate content. School staff will monitor student use of Apps when students are at school. Parents are responsible for monitoring their child’s use of Apps when accessing programs from home. Students are responsible for their own behavior at all times.

STUDENT’S AGREEMENT

Every student, regardless of age, must read and sign below: I have read, understand and agree to abide by the terms of the foregoing Acceptable Use, Internet Safety Regulation, and Google Apps for Education Notification. Should I commit any violation or in any way misuse my access to Suffolk Public Schools’ technology resources, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

Student Name _____

Signature _____ Date _____

If I am signing this Regulation when I am under 18, I understand that when I turn 18, this Regulation will continue to be in full force and effect and agree to abide by this Regulation.

PARENT’S OR GUARDIAN’S AGREEMENT

To be read and signed by parents or guardians: As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District’s Acceptable Use and Internet Safety Regulation for the student’s access to Suffolk Public Schools’ technology resources. I understand that access is being provided to the students for educational purposes only. I understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child’s or ward’s responsibility for abiding by the Regulation. I am therefore signing this Regulation and agree to indemnify and hold harmless the School, the School District and the Internet provider against all claims, damages, losses and costs, of whatever kind, that may result from my child’s or ward’s use of his or her access to such networks or his or her violation of the foregoing Regulation. Further, I hereby give permission for my child or ward to use Suffolk Public Schools’ technology resources for the term of my child’s or ward’s attendance at Suffolk Public Schools. I understand that the Acceptable Use and Internet Safety Regulations will be reviewed biennially and updated as needed. I understand should there be a change in Suffolk Public Schools’ Acceptable Use and Internet Safety Regulation, parental permission will be automatically revoked and a new AUP will be issued for signature by the parent/guardian giving permission for their child or ward to use Suffolk Public Schools’ technology resources.

Parent or Guardian Name(s) _____ Phone _____

Parent or Guardian Signature(s) _____ Date _____