Savannah-Chatham County Public School System
Parental Request to Restrict Access to Online Technology Resources

USE BLACK INK ONLY

STUDENT INFORMATION			
Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Grade:	Gender: ☐ M ☐ F	Birth Date:	Social Security Number:
Address:	City:	State:	Zip Code:
School:	Grade:	School Year:	

You have the option of restricting your child's access to online technology resources. To restrict access to services, please complete this form, initial, sign, and date it. The form is to be returned to the school for processing. This form is required to be completed for each school year or the district's default standard will take effect. Please see Board Policy IFBG.

_____   I have read the Savannah-Chatham County Public Schoool System's Technology Resources Acceptable Use Policy and hereby request to restrict access for my child to online technology resources. I am aware that my child will not have access to electronic educational resources that are used to prepare him/her for the workforce or post-secondary education.

Note: This request to restrict access to online technology resources does not include the administration of online assessment and testing that is monitored by proctors, teachers, and/or testing coordinators.

Parent/Guardian Name (please print):	Signature:	Date:

SHADED AREA FOR OFFICE USE ONLY	
Received by:	Date: