

**University Laboratory School
2017-2018 Acknowledgement Form**

Please check the appropriate box and sign at the bottom of the form indicating your acceptance of the Agreement to Participate Form, Release Form: Student work, Photographs, Audio/Visual Media, and Interviews, Digital Device, Network, and Accounts Agreement Form Acceptable Use Policy, and the Laptop Contracts.

AGREEMENT TO PARTICIPATE (GRADES K-12)

- I agree that my child will fully participate in all aspects and components of school life, and that
- the curriculum offered by the school is set and not subject to negotiation;
 - the partnership with CRDG means that my child will be involved in experimental programs intended to improve teaching, learning and assessment;
 - I will be informed about specific research and development projects throughout the year; and
 - I can withdraw my child at any time.

RELEASE FORM: Student work, Photographs, Audio/Visual Media, and Interviews (GRADES K-12)

I certify that I am the parent or guardian of the student listed below, and that I have full authority to grant the Release expressed on the UNIVERSITY LABORATORY SCHOOL RELEASE FORM: Student work, Photographs, Audio/Visual Media, and Interviews. I have read the Release, and fully understand and agree with its contents.

DIGITAL DEVICE, NETWORK, AND ACCOUNTS AGREEMENT FORM FOR GRADES K-12 ACCEPTABLE USE POLICY (GRADES K-12)

Student Agreement

I have read and understand the Acceptable Use Policy set forth by the University Laboratory School. In the event I engage in willful violation in any of the referenced policies, my access privileges may be revoked and other disciplinary measures will be implemented as described in the Student/Parent Handbook.

Parent/Guardian Agreement

I understand that my child will have access to University Laboratory School digital devices, network, and account. I agree to inform my child of the appropriate use of the University Laboratory School policies and procedures.

LAPTOP RESPONSIBILITY CONTRACT (GRADES 7-8)

I have read and understand the Laptop Responsibility Contract and agree to the responsibilities that come with the 1:1 Laptop program at the University Laboratory School.

BRING YOUR OWN DEVICE (BYOD) LAPTOP RESPONSIBILITY CONTRACT (GRADES 9-12)

I have read and understand the Laptop Responsibility Contract and agree to the responsibilities that come with the BYOD Laptop program at the University Laboratory School.

OR

DAILY BORROW LAPTOP RESPONSIBILITY CONTRACT (GRADES 9-12)

I have read and understand the Laptop Responsibility Contract and agree to the responsibilities that come with the Daily Borrow Laptop program at the University Laboratory School.

Student's Name: _____

Grade: _____

Student's Signature: _____

Date: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____