

XVII. Agreement and Parent Permission Form

In compliance with the Drug-Free Schools and Communities Act, 1989, Code 86.200, all parents and students are to be given a copy of the standard of conduct and the statement of disciplinary sanctions.

Please read the Uniform Code of Student Conduct manual as well as the Carroll County Middle School Student Handbook with your child, check the statements below, sign and return this page to Carroll County Middle School. Thank you. (Submission of this page is required for registration)

Carroll County Schools

Student's full name: (Please Print)

School: _____ Grade: _____ Homeroom: _____

- ___ As the parent or legal guardian of the student above, I have received a copy of the Carroll County Schools Uniform Code of Student Conduct manual and the Carroll County Middle School Student Handbook and have read with my child the policies therein, including those regarding alcohol, tobacco, other drugs and weapons.
- ___ As parent or legal guardian of the student above, I grant permission for the Carroll County School District to enable a feature of web based individual learning Plan (ILP) software, which will permit my student to invite third parties to have access to his/her ILP information via the internet. (Refer to Individual Learning Plan Web Release, Section XXVI)
- ___ As the parent or legal guardian of the student above, I verify that my child and I have read the school district's Internet Code of Conduct and hereby agree that my child will comply with the polices for accessing information over the network in a responsible fashion while honoring all relevant laws and restrictions. We understand that we will be held liable for any violation of the rules.
- ___ I grant permission for my child to have his/her picture or student work appear and be identified on the Carroll County Public Schools web pages, video conferences, or included in print and broadcast media.
- ___ I grant permission for my child's contact information to be released to community organizations that provide charitable student services. Example: Shop with A Cop, and other giving programs.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

