

BIBB COUNTY SCHOOLS
Code of Conduct and Related Student Policies

DOCUMENT RECEIPT ACKNOWLEDGEMENT

Name of Student: _____

School: _____

Name of Parents or Guardians: _____

We hereby acknowledge by our signatures that we have received and read, or have had read to us, the July 2007 Code of Conduct and Related Student Policies.

Student Signature/Date

Parent or Guardian Signature/Date
Signature/Date

Parent or Guardian

TECHNOLOGY USAGE PERMISSION (See Pages 35-39)

I acknowledge that I have read, understand and agree to all terms as outlined in the Technology Usage Policy.

___ My child **may use** technology resources while at school according to the rules outlined.

___ I would prefer that my child **not** use technology resources while at school.

Signature of Parent/Guardian/Date

Signature of Student/Date

Photograph/Audiotape/Videotape/Interview Permission (See Page 39)

___ I **agree** to permit the Bibb County School System to photograph/audiotape/videotape/interview my child engaged in school activities in the production of educational or promotional materials, or for publication in news media or the School System website.

___ I would prefer that my child **not** be photographed/audiotaped/videotaped/interviewed.

Signature of Parent/Guardian/Date

Signature of Student/Date

PLEASE SIGN, DETACH AND RETURN THIS FORM. THANK YOU!