

Student Name _____

Grade _____

LAGRANGE HIGH SCHOOL

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

=====

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)¹ and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow:

- You to **track your child's progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship by having an account on Louisiana Connect (www.LouisianaConnect.org).
- LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
- You to **monitor your child's TOPS eligibility status** by having an account on LAS (www.osfa.la.gov/AwardSystem/).
- LOSFA to make **TOPS and other aid payments**.
- The Institution(s) to process his/her application for admission.

The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:

- Full name
- Birthdate
- Social Security Number
- Student transcript data (includes, but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken)

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

=====

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I UNDERSTAND AND ACKNOWLEDGE that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Date

¹ LDE and OTS will not have access to students' personally identifiable information to facilitate this process.
FORM 837 - Revised 8-3-15

Student Internet and District Network Resources Contract

Please return only this page to your assigned teacher

Last Name: _____ First Name: _____ Student ID Number: _____
STUDENT CONTRACT AGREEMENT AND APPLICATION FOR CALCASIEU PARISH SCHOOL BOARD INTERNET AND DISTRICT NETWORK ACCESS

Directions: After reading the Calcasieu Parish School Board Internet and District Network Resources Terms and Conditions, please read and fill out the appropriate portions of the following contract completely and legibly. The signature of a parent or guardian on the Parent Contract is also required.

I have read the Calcasieu Parish School Board Internet and District Network Resources Terms and Conditions. I understand and will abide by the stated Terms and Conditions. I further understand that violation of the Terms and Conditions is unethical and illegal. Should I commit any violation, my access privileges may be revoked and/or school disciplinary action or other appropriate action may be taken.

User Signature: _____ Date: _____

Parent Internet and District Network Resources Contract

As the parent or guardian of this student, I have read the Terms and Conditions of the Acceptable Use Policy. I understand that this access is designed for educational purposes and Calcasieu Parish School Board has taken available precautions to monitor safe and appropriate student access.

However, I also recognize it is impossible for Calcasieu Parish School System to restrict access to all controversial materials. I will not hold the Calcasieu Parish School System responsible for materials acquired on the network. I understand that my child will be held responsible for any disregard of the Acceptable Use Policy. I hereby give permission for my child to have school use of the Internet and District Network Resources.

Domiciliary Parent or Guardian (please print): _____ Signature: _____

Date: _____ Daytime Phone: _____ Evening Phone: _____
Calcasieu Parish School System Acceptable Use Policy ©2008 Calcasieu Parish School Board - All Rights Reserved Adopted July 8, 2008

Calcasieu Parish School Board Act 837 Photo Release Consent Form

Dear Parents and Guardians,

You are receiving this consent form because your child attends a school operated by the Calcasieu Parish School Board. Our students have opportunities for public recognition of their accomplishments by sharing some personally identifiable information through release to:

- News Media
- Print shops (program and newsletter printing)
- School yearbooks
- Organizations that recognize the achievement of students
- School/district websites and social media
- School/district videos

I understand that as part of my student's public school attendance, my student's school will provide information about my student through the sharing of some or all of the following student information with my permission:

- First and last name
- Grade and Classification
- Image
- School and District Name
- Participation in school activities, programs, and clubs
- Honors and recognitions at the local, state, and national level

I give permission to the CPSB and/or my school/staff to disclose my child's personal information to the entities listed for the purpose state above.

Signature of Parent/Legal Guardian _____

Date _____

Parent/Legal Guardian's Full Name (print) _____

Student's Full Name (print) _____