

# D.C. Everest Parent Authorization Form 2024-2025

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Please Print

## Handbook

I acknowledge that I know how to access the electronic copy of the Student Handbook on the District's website. In addition, I agree to familiarize myself with the information and obey the policies contained in this document.

## Fundraiser Participation for Students Under 12

My child has permission to participate in school-sponsored fundraising activities. I understand that students under nine (9) years of age must be physically accompanied by a parent or a person at least sixteen (16) years of age.

## Field Trips

I consent for my child to participate in School and/or District approved field trips.

*I understand that health services will be provided by unlicensed personnel and not a registered nurse. Unlicensed staff will provide basic daily medical needs, 911 will be utilized for emergency care.*

## Guidelines for Educational Uses of Technology

My child and I agree to the Technology Acceptable Use Policy (7540.03) found under School Board Policies at [www.dce.k12.wi.us](http://www.dce.k12.wi.us) and agree to abide by it. We also understand that any violation of the policies referenced are unethical and may constitute a violation of law. As a student, if I commit any violation, my access privileges may be revoked, school disciplinary action (including fines) may be taken, and/or appropriate legal action may be pursued. As a parent, I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the school district to restrict access to all controversial materials, and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. I also understand that I am financially responsible for my student's actions should those actions result in damage to district resources. I hereby give permission for my child to use the networked computer system, which includes filtered Internet access as well as online applications such as, but not limited to, Canvas, Office 365 and Google Apps for Education. I understand that if I have concerns regarding my child's use of technology, I will contact my child's school.

## Parent in Military (Required by Wisconsin Department of Instruction)

1. Is either parent/guardian on ACTIVE DUTY in the military?  Yes  No If yes, provide branch \_\_\_\_\_
2. Is either parent/guardian a traditional member of the Guard or Reserve?  Yes  No
3. Is either parent/guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?  Yes  No

## Digital Equity (Required by Wisconsin Department of Instruction)

1. Can the student access the internet on their primary learning device at home?  
 Yes  No - Not Desired  No - Not Available  No - Not Affordable  No - Other \_\_\_\_\_
2. What is the primary type of internet service used at the residence?  
 Residential Broadband (DSL, Cable, Fiber)  Cellular Network  Satellite  Dial-up  
 Hot Spot (school provided hot spot or school provided service)  Community Provided Wi-Fi  Other  None  Unknown
3. Can the student stream a video on their primary learning device without interruption?  Yes  Sometimes (not consistently)  No
4. What device does the student most often use to complete schoolwork at home?  
 Desktop Computer  Laptop Computer  Tablet  Chromebook  Smartphone  None  Other
5. Who provided the primary learning device to the student?  School  Personal  Other
6. Is the primary learning device shared with anyone else in the household?  Shared  Not Shared  Unknown

## 11<sup>th</sup> Grade Only

I want my student to participate in Direct Admit Wisconsin.

## Senior High School Only

I give permission for my student to participate in the Senior High School Release Privileges for the 2024-2025 school year if my child meets the criteria each quarter. I understand that the school is not liable for any damages or injuries incurred by the student during this time. Additionally, I understand that if I have concerns regarding my child's participation in this privilege, I will contact their counselor.

Parent Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_