

Student Google Apps Permission Form

Student Name:	Student ID:	Grade:
(Please print Last Name, First Name, MI)		
School	Teacher	
The Ann Arbor Public School District collaborative sharing using our Google		e accounts for all students to allow for ain, aaps.k12.mi.us or A2schools.org.
General uses for a school Google acco	ount for your child include, l	but are not limited to:
tools Google Drive which allows st The District Acceptable Use Policy passigned an aaps.k12.mi.us account	ools that require an e-mail as processor, spreadsheet, pres udents to access and share fi provides guidelines for elect only with parent or guar ict email address until such	entation software, and website authoring
Ann Arbor Public Schools. The District the account when there is reason to b	ict maintains the right to imrelieve that violations of lawn will be referred to the s.	a privilege accorded at the discretion of mediately withdraw the access and use of or School Board policies have occurred. Principal for further investigation and
		sing material that are in violation of the ne importance of following the rules for
I give permission for my child to	o be assigned a Google Apps	s account.
I do NOT give permission for n	ny child to be assigned a Goo	ogle Apps account.
Parent signature:		Date:
I have read the District Internet Accept understand that if I violate the rule measures.		to follow the rules and guidelines. nated and I may face other disciplinary
Student Signature		Date
For System Administration Google ID:		
		Date:
Assigned by:		Date: