

Somerset Academy – 2011-12

Child's First and Last Name: _____

Child's Birthdate: ____ / ____ / _____ m/d/y

Parent/Guardian's First and Last Name: _____

Relation to Child: _____

Parent or Guardian's E-mail Address: _____

Parent or Guardian's Phone Number: _____

Please select ONE option below:

Option A:

I hereby grant consent for my child under age 13 to have an e-mail address and use the interactive features Google Documents and G-Mail for Ms. Ridal's class. I understand that the account is for classroom use, and no private information will be shared with outside parties.

Parent or Guardian's Signature _____ Date: _____

Child's E-mail Address: _____

Option B:

I do **NOT** grant consent for my child under age 13 to have an e-mail address and use Google Documents for Ms. Ridal's class. I understand that assignments may need to be printed at home and/or turned in using a flash drive.

Parent or Guardian's Signature _____ Date: _____

Option C:

I grant my child under age 13 to use Google Documents for Ms. Ridal's class, but my child will be using my e-mail address listed below.

Parent or Guardian's Signature _____ Date: _____

Parent/Guardian's E-mail Address for student's use: _____