

Consent and Agreement Form

Name of Student: _____ Grade: _____

Student Birthdate: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

The student handbook contains procedure and policies for students of Fort Smith Public Schools. The policies published in the student handbook as well as all Fort Smith Public Schools district policies will be enforced by employees of the Fort Smith Public Schools. A complete copy of the district student handbook may be accessed at www.fortsmithschools.org. A hard copy of the handbook may be requested at your child's school.

Please circle yes or no on each of the following:

Handbook Agreement:

I have read and agree to the terms of the policy. I am aware that, depending upon the time of enrollment, the handbook may be subject to change for the enrolling school year.

Yes

No

Technology Agreement:

We (student/parent/guardian) accept and understand all school and/or district policies according to the technology use agreement for school provided technology access, tools, and resources.

Yes

No

Media Consent:

I give permission for my child to be videotaped or photographed. These materials may be used for educational purposes and for special news coverage and may also be posted online on school, district, or education websites.

Yes

No

Service Providers and Personally Identifiable Information (PII):

Arkansas law requires that a data privacy agreement be made with any district-contracted service providers to which students' personal information is provided. A parent or guardian may request a list of all district-contracted or on-demand service providers by contacting the Student Services department.

Consent and Agreement Form

Personal information may be provided to contracted service providers for the purpose of identifying for students institutions of higher education or scholarship providers that are seeking students who meet specific criteria, regardless of whether the identified institutions of higher education or scholarship providers provide consideration to the district service contract provider.

Personal information may also be provided to contracted service providers for the purpose of providing students access to employment opportunities, educational scholarships or financial aid, or postsecondary education opportunities, regardless of whether the school service contract provider receives consideration from one or more third parties in exchange for the student personally identifiable information.

I consent to my student's information being provided to district-contracted service providers for the purposes of identifying educational institutions or scholarship providers for my student and to provide access to job opportunities, scholarships, financial aid, or postsecondary education options, regardless of benefits to our service provider or third parties.

Yes

No

Hearing & Vision Medicaid Billing

Do you give permission for your child's personally identifiable information or student education records to be shared with a third-party billing agent related to Hearing and Vision services for Medicaid or Private Insurance purposes?

Yes

No