



Student Name _____

STUDENT ACKNOWLEDGEMENT PAGE

I have read the student policies and agree to abide by these policies as outlined by ACCESS Virtual Learning. These policies include the Right to Privacy/Access to Student Records, Academic Integrity Statement, Code of Conduct/Acceptable Use Policy (AUP), Student/Teacher Communication, Drop/Withdrawal Policy, and all other policies included in the ACCESS Policy Manual for Students.

Student Signature

Date

Parent/Guardian Signature

Date

STUDENT PHOTOGRAPHS

The Alabama State Department of Education is proud of the accomplishments of the students of the ACCESS program and would like to be able to publish these accomplishments through pictures and similar photographic materials. The ACCESS program would ask that you, as a parent or guardian, complete the permission form below, which enables ACCESS to use these materials for public recognition.

Please return this form. If you do not return the form, ACCESS will assume that you give your consent.

System Name - Madison City Schools

School Name - Bob Jones High School

I, _____, give my permission for ACCESS and/or public media designees to use photographic likeness material of _____ (student) for publicity purposes. I understand that the media presentation may use the photo material with or without associating the student's name. I further waive any claim for compensation of any kind for the use of the photographic material of the said student.

Student Signature

Date

Parent/Guardian Signature

Date

Completed forms must be returned to Mrs. Wilson in the Media Center or submitted electronically through the "BJHS Virtual Students" Schoology Course