

GOOGLE APPS FOR EDUCATION PERMISSION FORM

By answering yes below,

- I confirm that have read and that I understand the Google Apps for Education Information Document;
- I give permission for my child to be assigned a Lester B. Pearson School Board Google Apps for Education account;
- I understand that the information produced or accumulated in Google Apps for Education, including my child's email and school work, will be stored in the internet on Google servers;
- I understand that this permission is given for the whole period during which my child will be attending a school of the Lester B. Pearson School Board;
- I understand that I may withdraw this permission at any time by transmitting a notice to that effect to the School Board.

YES, I give permission for my child to be assigned a Lester B. Paccount. This means my child will receive an email account, access	
NO, I do not give permission for my child to be assigned a Lest Education account. This means my child will NOT receive an email sites.	
Student Name:(print student name)	
Student Date of Birth (DD/MM/YY):	_
Parent Name:(print parent name)	
Parent Signature:	Date:

Please sign and return this form with the rest of the enrollment packet.