



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. Pearson School Board Google for Education account. This means my child will receive an email account, access to Google Drive, Calendar, and Sites.

___ **NO**, I do not give permission for my child to be assigned a Lester B. Pearson School Board Google for Education account. This means my child will NOT receive an email account, access to Google Drive, Calendar, and 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.