Student Google Apps Permission Form

Student Name:_______________________ Student ID:__________________ Grade:______
(Please print Last Name, First Name, MI)

School ___________________________________________ Teacher _________________________

The Ann Arbor Public School District has the ability to create accounts for all students to allow for collaborative sharing using our Google Apps for Education Domain, aaps.k12.mi.us or A2schools.org.

General uses for a school Google account for your child include, but are not limited to:

● Email account for on-going communication with teacher
● Access to programs and web tools that require an e-mail account
● Google Apps: calendar, word processor, spreadsheet, presentation software, and website authoring tools
● Google Drive which allows students to access and share files.

The District Acceptable Use Policy provides guidelines for electronic communications. Students will be assigned an aaps.k12.mi.us account only with parent or guardian permission. This account will be considered the student's official District email address until such time as the student is no longer enrolled in the Ann Arbor Public School District.

Access to and use of Google Apps for Education is considered a privilege accorded at the discretion of Ann Arbor Public Schools. The District maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences.

Parent / Guardian Section

I will instruct my child regarding any restrictions against accessing material that are in violation of the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

____ I give permission for my child to be assigned a Google Apps account.

____ I do NOT give permission for my child to be assigned a Google Apps account.

Parent signature: ____________________________________________ Date: _________________

Student Section

I have read the District Internet Acceptable Use Policy, and agree to follow the rules and guidelines. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student Signature __________________________________________ Date ___________________

For System Administration

Google ID: __________________________

Assigned by: _______________________ Date: ___________________