



2015-2016  
Parent Consent Form for Google Apps for Education  
(one form per child)

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student: (printed) \_\_\_\_\_

Teacher: \_\_\_\_\_

I do not give permission for my child to use a Google Apps for Education account supplied by the District.

\_\_\_\_\_  
Parent or Guardian (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (signature)

Additional information for parents will be available shortly. You can learn more [here](#).  
The Google Apps Suite of Tools <https://www.google.com/edu/apps/#apps-for-education>

**PLEASE RETURN THIS FORM TO THE MAIN OFFICE**