

**Houston Heights Learning Academy
Electronic Communications System Agreement**

Student Name _____ Grade: _____

I have read the District's electronic communications system policy and campus guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Student Signature: _____ Date: _____

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Sponsoring Parent or Guardian

I have read the District's electronic communication system policy and campus guidelines. In consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including without limitation, the type of damage identified in the District's policy and campus guidelines.

___ I give permission for my child to access the campus' electronic communications system and certify that the information contained on this form is correct.

___ I do not give permission for my child to access the campus' electronic communications system.

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Parent/Guardian Name (Please print):

Parent/Guardian Signature:

Address: _____

City: _____ State: _____ Zip: _____

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Picture & Video Taping Release

Throughout the year, photographs are taken of students for campus use and community publication. Students may also be occasionally video taped and/or record instructional or extra curricular events at school or allow news media to cover such events. Please indicate in the space below if you give permission for Houston Heights Learning Academy to photograph, video tape and or audio tape your child. ___ Yes ___ No

Parent/Guardian Signature: _____