Opt -Out Declination of Technological Resources

Parent/Guardian of a CHCCS K-12 Student:

•	le 3225/4312/7320 – Tec ter to have access to tech	O,	Acceptable Use. I DO NOT I resources at school.
Printed Name of Student			Name of School
Signature of Parent/Guardian		Date	
Printed Name of Parer	nt/Guardian		
For School Use Only:			
Provide one copy to the following individuals:			
	dent's teachers		
Media Coordin	ator		
☐ Instructional Technology Facilitator			
☐ Data Manager			
Principal			