



St. Louis Public Schools Media Release Form

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of the Saint Louis Public Schools (hereinafter called "SLPS") shall be used in connection with the SLPS's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the SLPS to copy, exhibit, publish or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing SLPS programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge the SLPS from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my or my child's behalf, may have by reason of this authorization.

Child's Legal Name

Birthdate

I hereby certify that I am the parent or guardian of, the minor named above, and do hereby give my consent without reservations to the abovementioned.

Signature

Date

Printed Name



St. Louis Public Schools
TECHNOLOGY USAGE

District network/Internet access and assignment of e-mail account

School Year: 2024 - 2025

Student Agreement

I have read the St. Louis Public School District Technology Usage Policy, administrative regulation, and guidelines and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including but not limited to suspension or revocation of my access to district technology, and suspension or expulsion from school.

I understand that my use of the District's technology is not private and that the school district may monitor my use of district technology, including but not limited to accessing browser logs, e-mail logs, and any other history of use. I consent to teacher-monitoring of my activities on the District network or the Internet. I consent of district interception of or access to all communications I send, receive or store using the District's technology resources, pursuant to state and federal law.

Signature of Student

Date

Printed Name (print clearly)

Home Address:

Home Phone Number: _____

Signature of Parent/Guardian

Date

Implemented: _____
Name

Date