



### **CCSD59 SOFTWARE APPLICATIONS PERMISSION FORM**

CCSD59 utilizes various technology resources to support student learning, including but not limited to third-party online and cloud-based service providers. These resources include third-party software applications, commonly known as “apps”. CCSD59 Board policies govern the use of third-party apps with students, including Policy 6:60 (Curriculum Content) and Policy 6:235 (Access to Electronic Networks). CCSD59 also has an approval process for using third-party apps. Your child’s personally identifiable information that is input into these apps by your child and/or school staff (for example, student name, school email address, class work) may be accessed by the third-party providers that run the apps. Any app that has access to student data must agree to a data privacy agreement in accordance with the Illinois Student Online Personal Protection Act. This permission form must be completed and returned before your child will be granted access to any CCSD59-approved apps.

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### **BY SIGNING BELOW, I, THE PARENT/GUARDIAN OF THE STUDENT NAMED BELOW, CONFIRM THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:**

1. I have had the opportunity to review CCSD59’s Board Policy 6:235 (Access to Electronic Networks). I understand that my child must comply with Policy 6:235 and all other District policies and rules concerning the use of CCSD59-approved applications.
2. I understand that my child is responsible for his/her use of CCSD59-approved applications at all times. I accept full responsibility for supervision if and when my child uses CCSD59-approved applications outside of school.
3. I understand that my child’s failure to follow all CCSD59 policies and rules for using third-party applications may result in the loss of privileges, disciplinary action (which may include suspension or expulsion), and/or appropriate legal action.
4. I understand CCSD59 has an approval process for third-party applications, and, once approved, the third-party provider is a CCSD59 “school official” that may access my child’s personally identifiable information that is available within the third-party provider’s application without my prior consent or prior notice given to me. I understand any third-party who accesses student data must follow the data privacy agreement as established by Illinois law.
5. I understand that when my child uses CCSD59-approved applications, information about my child that has been input into the third-party provider’s application by my child and/or CCSD59 employees will be collected and stored electronically by the third-party provider. I understand that such stored information may be accessible to someone other than my child, me and CCSD59 employees or school officials by virtue of this online environment.
6. I understand that CCSD59 employees and school officials may access and monitor my child’s use of CCSD59-approved applications, including accessing and searching any material stored, transmitted, or received through the applications.

7. I understand that access to CCSD59-approved applications is designed for educational purposes and that CCSD59 takes precautions to eliminate controversial material. However, I also recognize that it is impossible for CCSD59 to restrict access to all controversial and inappropriate materials. I will hold harmless CCSD59, its employees, agents, or Board members for any harm caused by materials obtained via CCSD59-approved applications.

8. I understand that I may revoke my consent for my child to access and use CCSD59-approved applications at any time in writing.

9. I understand that I may ask for my child's account/information to be removed from third-party application providers at any time.

\_\_\_\_ **YES**, I understand and agree with the above terms and give permission for my child to use any CCSD59-approved applications during this school year.

\_\_\_\_ **NO**, I do not give permission for my child to use any CCSD59-approved applications during this school year.

Student Name: (Print) \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID # (if known): \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return this form to your child's classroom teacher.**