



MONROE-WOODBURY CENTRAL SCHOOL DISTRICT

STUDENT/PARENT CONSENT FORM

This form is used to exempt your child from specific Monroe-Woodbury procedures. **If you want your child to be included in these procedures, you DO NOT need to return this form.** However, if you do want your child to be exempt from any one or all of these, please return this completed form to your school's main office by Friday, **September 21.**

Telephone Contact Consent

By providing telephone and cell phone numbers through PowerSchool and the Parent Portal, parents/guardians agree to allow the district to utilize those contacts to send messages regarding the health and welfare of our students, school-related events and emergency information. These messages may be in the form of email, SMS text messages and automatic calls. Individuals can adjust their contact phone numbers and email addresses in the Parent Portal.

Student Use of Computerized Information Resources

If, for any reason, access to M-WCSD computerized resources should NOT be made available to a student, please indicate below.

For more information, refer to the [Acceptable Use of Computerized Resources Policy #8270](#)

_____ My child is NOT authorized for use of computers and computerized resources at M-WCSD

District Media Release

If you **DO NOT** wish to have the district use photos of your child as part of its website, social media, district publications or local media outreach, please indicate and sign below. I do not want my child to be visible in live videoconferencing. This form is for opting out only.

_____ Do NOT include my child in M-WCSD media or publicity

_____ Do NOT allow my child to be a full, visible participant in educational videoconferencing.

BMI Reporting

If you **DO NOT** wish to permit your child to be part of NY state requirements for BMI reporting, check below. Please note that names and individual student information are NOT reported. District results are sent as total groups. However, you may choose to exclude your child below:

_____ Do NOT include my child's information in BMI survey reports

Please remember: you **do not** need to return this form unless you want to exempt yourself or your child from any or all of these procedures.

Student name: _____

Grade: _____ School name: _____

Parent name: _____

Parent signature: _____