

2025-2026  
Student Image and Technology Opt-Out  
(Please Print)

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Student Last Name	Student First Name	MI	Grade
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Student Date of Birth: \_\_\_\_\_

\_\_\_\_\_ My child **HAS** my permission for all of the privileges listed below. (If you check this box, you may skip to the bottom and print your name, sign, and date.)

“Published” is defined as viewable by the public through a variety of electronic media (i.e., website, television, video, newspaper, etc.). This may include any combination of the options below.

Place a check in the blank provided for each of the following items that you do **NOT** want your child to participate in, and sign at the end of this document.

1. \_\_\_\_\_ My child does **NOT** have my permission to access networked computers, which include the Internet, at The Roberts Academy.

Florida Southern College and The Roberts Academy provide Internet filters and take great care to block access to inappropriate material. Although a conscious effort is made to deter access to materials that are inappropriate in the school environment, no safeguard is foolproof. Students are responsible for avoiding access to inappropriate material.

By checking #1, your child will not be able to access important and valuable educational resources such as educational apps, the online library catalog, instructional software, and resources for research and printing.

2. \_\_\_\_\_ The Roberts Academy does **NOT** have my permission to photograph or videotape my child.

By checking #2, your child’s photograph will not be in the yearbook, nor will he/she be videotaped for any school productions or other publications.

3. \_\_\_\_\_ The Roberts Academy does **NOT** have my permission to publish my child’s work.

4. \_\_\_\_\_ The Roberts Academy does **NOT** have my permission to have my child’s first and last name appear along with their work produced, published, photographed, or videotaped.

By checking #4, your child’s photo and name **together** will **NOT** be included in news about honors, awards, and accomplishments.

*\*This form applies to The Roberts Center tutoring students, as well.*

Parent/Guardian Name/s \_\_\_\_\_  
(Please Print) Last Name First Name

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