

eLearning Technology Device OPT-OUT Form



eLearning Technology Device Opt-Out Form

School Name: _____

School Year: _____

Student Name: _____

Grade: _____

Homeroom Teacher: _____

Purpose:

Our school provides technology devices (e.g., Chromebook, laptop, tablet) to support teaching and learning for eLearning days. Parents/guardians have the option to decline the use of a school-issued device for their child. By completing this form, you acknowledge that your child will not be issued a school device for eLearning days and that alternative arrangements for access to technology at home will be the responsibility of the parent/guardian.

Parent/Guardian Acknowledgment:

I understand that by opting out, my child will not be assigned a school-issued technology device for eLearning days. I accept full responsibility for ensuring my child has access to a personal device, if needed, to complete digital assignments outside of school.

I understand that my child will still be expected to meet all academic and technology-related requirements of their courses.

I understand that opting out does not exempt my child from any instructional activities that require the use of technology for eLearning days.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Contact Number/Email: _____

School Use Only

☐ Form received and processed by: _____ (Staff Initials/Date)

☐ Student marked as Opt-Out in device assignment records