



Parent/Guardian Consent for Student Google Apps EDU Account

Student Info (please print)

First Name _____

Last Name _____

Grade Level _____

Parent/Guardian Agreement:

____ I agree to give my child access to Google Apps for Education at ISC.

____ I do NOT agree to give my child access to Google Apps for Education at ISC.

Parent/Guardian Info

First Name _____

Last Name _____

Signature _____ Date _____

Consent Form needs to be signed and returned (Main Office)

