

# *Southern York County School District*

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Board Secretary*

*Mr. Brendan G. Rogers  
Director of Special Education*

Dear Parents of School-Aged Children Under the Age of 13,

In order for Southern York County School District to continue to be able to provide your student with the most effective tools to enhance their learning, teachers and librarians may use educational web-based programs and applications. Many of the Terms of Service and/or Privacy Policies of these applications state that, due to Federal Law, any users under the age of 13 must obtain parental permission to use their sites and often require an email address.

Our District utilizes several software applications and web-based programs, operated by third party vendors. In addition to Google Apps for Education (GAFE), some of the applications used are Kahoot!, Edgenuity, Quizlet, and other similar educational programs. A list of some of our most commonly used sites can be found on our web page at: <https://goo.gl/njN2Lr>. Based on the *Children's Online Privacy Protection Act (COPPA)*, these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. For more information on COPPA, please visit <https://www.ftc.gov/tips-advice/business-center/guidance/complying-coppa-frequently-asked-questions>

In order for our students to use these programs and services, certain personal identifying information -generally the student's name and email address -- must be provided to the web site operator. Your student has received a Google account to participate in the Google Apps for Education program used by Southern York County School District. Please know that your child's Gmail account is restricted to the school district's domain and your child's safety in school and on-line remains our top priority.

This form will provide consent for our schools to use personal identifying information for your child consisting of first name, last name, and district Gmail address and username (where applicable). Please complete the below information identifying your desire for your child to participate in these educational programs and applications and return to your child's homeroom teacher.

## **(PLEASE PRINT BELOW)**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
HR Teacher: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
OPT-IN \_\_\_\_\_ OPT-OUT \_\_\_\_\_ Date: \_\_\_\_\_