



# Trinity-Byrnes Collegiate School

## 2015-2016 Technology Policy Permission

I have read and understand this document and agree to abide by it.

\_\_\_\_\_  
Student name, please print full name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Legal Guardian, please print full name and relationship

\_\_\_\_\_  
Parent/Legal Guardian email address, please print

\_\_\_\_\_  
Parent/Legal Guardian signature

Date: \_\_\_\_\_

**PLEASE RETAIN PAGES ONE THROUGH SIX OF THE TECHNOLOGY  
POLICY DOCUMENT FOR YOUR REFERENCE. RETURN THIS PAGE TO  
THE INFORMATION TECHNOLOGY DEPARTMENT FOR DOMAIN  
AUTHORIZATION.**

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Check this box if you **DO NOT** want your student to have access to the Internet.

\_\_\_\_\_  
Parent/Legal Guardian signature

I give permission for Trinity Byrnes Collegiate School to publish pictures of my child for official purposes which will include but not limited to: Trinity Byrnes Collegiate School's website, "Trinity-Byrnes Today" magazine, public marketing campaigns, and public press releases, to include but not limited to: print, radio, television.