

**BIBB COUNTY SCHOOLS**  
**Code of Conduct and Related Student Policies**

**DOCUMENT RECEIPT ACKNOWLEDGEMENT**

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_  
\_\_\_\_\_

We hereby acknowledge by our signatures that we have received and read, or have had read to us, the July 2007 Code of Conduct and Related Student Policies.

\_\_\_\_\_  
Student Signature/Date

\_\_\_\_\_  
\_\_\_\_\_  
Parent or Guardian Signature/Date  
Signature/Date

Parent or Guardian

**TECHNOLOGY USAGE PERMISSION (See Pages 35-39)**

I acknowledge that I have read, understand and agree to all terms as outlined in the Technology Usage Policy.

\_\_\_ My child **may use** technology resources while at school according to the rules outlined.

\_\_\_ I would prefer that my child **not** use technology resources while at school.

\_\_\_\_\_  
Signature of Parent/Guardian/Date

\_\_\_\_\_  
Signature of Student/Date

**Photograph/Audiotape/Videotape/Interview Permission (See Page 39)**

\_\_\_ I **agree** to permit the Bibb County School System to photograph/audiotape/videotape/interview my child engaged in school activities in the production of educational or promotional materials, or for publication in news media or the School System website.

\_\_\_ I would prefer that my child **not** be photographed/audiotaped/videotaped/interviewed.

\_\_\_\_\_  
Signature of Parent/Guardian/Date

\_\_\_\_\_  
Signature of Student/Date

***PLEASE SIGN, DETACH AND RETURN THIS FORM. THANK YOU!***