



Supplemental Digital Tool Use (K-12) - Opt Out Form

Please return the form to the school if you would like to “opt-out” of your child’s use of the supplementary digital tools.

I do **NOT** give permission for my child to have a personal account for approved Supplementary Digital tools in accordance with QACPS guidelines.

When an email address is needed to establish a personal student account for approved Supplementary Digital Tools, **ONLY** their school issued email address will be used.(first.last@student.qacps.org)

I do **NOT** give permission for my child to use his/her school issued email address when signing up for approved Supplementary Digital Tools.

Student Name Printed: _____ Teacher: _____

Parent/Guardian Signature: _____

Date: _____