*MISS TAYLOR’S CELL PHONE POLICY CONTRACT*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following guidelines for ethical and safe use of technology within the classroom.

* I will keep my phone in my backpack on silent during school hours
* I will only use my cell phone when allowed and directed by the teacher
* I will remain on task when using my cell phone
* I know that bringing my phone to school is at my own risk
* I will not use my cell phone for personal use such as phone calls, texting, social media, etc.
* If there is an emergency I will let my teacher know and she will make appropriate accommodations

**Consequences for using phones at inappropriate times:**

**1st time: Warning & will be asked to put in your locker/backpack.**

**2nd time: Confiscated and left in my desk for the rest of the day.**

**3rd time: Loss of all privileges to use cell phone in classroom.**

Please complete and return to your teacher

Student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICTURE & VIDEO RELEASE FORM**

Dear Parents/Legal Guardians,

 I plan on making a slide show/video of all of our class’s accomplishments and projects for the end of the school year! I also want share our memories and projects that we do in class on my class webpage. This contract is saying that you are okay with me taking pictures and videos in class of your student throughout the year to be posted on the above places. If you have any questions please email me at taylorgustafson014@gmail.com. Please fill out the information below and have your student return to me.

Thank you!!

*Ms. Taylor*

(Please complete and return to your teacher)

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

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following options

* Yes, my student is allowed to be filmed and photographed.
* No, I do not allow my student to be filmed and photographed

Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_