

**Snoqualmie Valley School District #410
Electronic Information System (K-20 Network)
Opt Out Form**

Parent or Guardian: (Choice to Opt Out)

As the parent or guardian of this student, I am electing to opt out of Internet Access. I understand that when curriculum or assignments call for access, my student will be offered another meaningful educational opportunity. I further understand that my student will not suffer any loss of grade or credit on account of my choice to opt out.

Students Name (Please Print): _____

Parent or Guardian's Name (Please Print): _____

_____ Date: _____

Signature of Parent