

	Student Last Name	Student First Name	Student ID #	Year of Graduation	Internet Safety Training		Parental Permission Form	
					Yes	No	Yes	No
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I, the undersigned teacher, do hereby certify that all the information entered above is accurate. I also certify all student noted with Yes for Internet Safety Training have received the training and the Parental Permission for use the the District's network forms are on file and can be provided upon request.

Teacher Signature

Date

Campus Trainer Signature

Date Form Received From Teacher