

USE OF ELECTRONIC MEDIA WITH STUDENTS  
Social or Family Relationship Notification

*Parents complete this form to certify that your child has a preexisting family or social relationship with a Central ISD employee, and confirm that you request the employee be exempt from Central ISD's regulations regarding electronic communication with students.*

Central ISD Employee to be exempt: \_\_\_\_\_

Student(s) name(s): \_\_\_\_\_

In accordance with Central ISD's policy regarding the Use of Electronic Media with Students I certify the following (please initial below):

\_\_\_\_\_ I have been provided a copy of the Use of Electronic Media with Students protocol from Central ISD's Employee Handbook.

\_\_\_\_\_ My child has a family or social relationship with the above named employee outside of school.

\_\_\_\_\_ I understand that the employee's communications with my child are excepted from district regulation.

\_\_\_\_\_ I understand that I am solely responsible for monitoring electronic communications between the above named employee and my child.

Parent Name

Signature

Date Submitted

*This form must be completed and submitted with the employee's request for use of electronic media with students to the employee's immediate supervisor. **Disclosure of relationships on this form is sufficient for the duration of the current school year only.***

***To Be Completed by Central ISD Administrator:***

Request for exemption is:  approved  denied

Administrator Name

Signature

Date Completed