

Google Apps for Education (GAFE)
Opt Out

This form gives the parent/student the opportunity to prohibit access to Google Apps. If the parent/guardian want their child to access Google Apps, please complete, sign, and return this form to your child's school of attendance. If, at any time during the school year, you would like to rescind your decision and change your permission, you must notify the school administration in writing.

By submitting this form, you are opting out of using Google Apps for Education (GAFE) at the Fullerton Joint Union High School District.

I do not want my child to have a GAFE account. I understand that my child may be asked to work cooperatively with other students that have GAFE accounts or may come in contact with other students that have GAFE accounts and I will make alternate arrangements for my child to participate in collaborative school work.

School: _____

Student's Name: _____

Parent/Guardian signature _____ Date _____

Please complete ONE form for EACH student you would like to OPT OUT of GAFE.