

Fayette County 1:1 Opt Out Form



I would like to opt out of the 1:1 Chromebook program for my student. If I choose to have my student participate in the future, I will contact the school administration.

Student Name (Please Print): _____

Student ID: _____

School: _____ Grade: _____

Parent Name (Please Print): _____ Date: _____

Parent Signature: _____ Date: _____