



Halifax Area School District

3940 Peters Mountain Road
Halifax, Pennsylvania 17032-9098
Telephone: (717) 896-3416

Michele M. Orner, Ed.D. - Superintendent

HASD Children's Online Privacy Protection Act (COPPA) Compliance Information Form

Students and Families,

In order for schools within the Halifax Area School District to continue to be able to provide your student with the most effective web-based tools and applications for learning, they need to abide by federal regulations that require a parental signature as outlined below. Our district utilizes several computer software applications and web-based services, operated not by this school, but by third parties. These applications vary from grade to grade, but often include Google Apps for Education, Class Dojo, and other educational programs. You can find a link to a comprehensive list of the programs on our district website: www.hasd.us/domain/40.

In order for our students to use these programs and services, certain personal identifying information -- generally the student's name and email address -- must be provided to the web site operator. All students receive a Google email account to participate in the Google Apps for Education program used by HASD. Under federal law entitled the Children's Online Privacy Protection Act (COPPA), these websites must provide parental notification and obtain parental consent before collecting personal information from children under the age of 13. For more information on COPPA, please visit:

<https://www.ftc.gov/tips-advice/businesscenter/guidance/complying-coppa-frequently-asked-questions>

The law permits schools such as ours to consent to the collection of personal information on behalf of all of its students, thereby eliminating the need for individual parental consent given directly to the web site operator. This form when completed below and on file with the district will constitute consent for our schools to provide personal identifying information for your child consisting of first name, last name, an email address, and username.

Student Name: _____ [STUDENT ID #]: _____

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Signature: _____ Date _____

David R. Hatfield
Director of Curriculum,
Instruction & Assessment

Michael L. Bower
Business and Operations
Manager

John J. Osuch
High School Principal

Rick M. Ansel
Middle School
Principal

Carla A. Sauer
Elementary
Principal

Matthew D. Czapliski
Special Education
Supervisor

Lori M. Weber
Director of
Food Services