Sprint 1Million Project Parent/Guardian Consent

(Please complete one form for each student participating)

Student Name	
(First) Relationship to Student	(Last)
Parent/Guardian Name	
(First) Student DOB	(Last) Student Age
Student Grade	Student ID
School/School District Carter Hi	gh School / Knox County Schools
	to participate in the Sprint 1Million d on providing internet access to students without current in-
be the sole source of my student's in-	re internet access in the home, and that the 1Million Project will home internet access. A lack of home internet access means: a.) altiple students in the household with access to a single computer,
purposes. I understand that my stude	ive a device along with access to the internet for academic nt must comply with the school's Device Management Policy. I sprint Prepaid, or the Sprint Foundation related to the Sprint
Project. I understand that the images i	n to use my student's photograph publically to promote the may be used in print publications, online publications, edia. I also understand that no royalty, fee or other compensation of such use.
I certify that all the information on this consent.	s form is correct, and that I have the authority to provide this
Parent/Guardian Signature If you would like to receive promotion provide your email address and/or pre	al email and/or direct mail from Sprint and its affiliates, please eferred mailing address below.
	<u> </u>
Parent/Guardian Signature	