User 's Name

*last Name*

*First Name*

*Middle Initial*

User's Address

*City*

*State*

User's Age Date of **Birth** \_ Sex Phone Number

*Zip Code*

School \_

If applicable, User's Grade Homeroom/Classroom

As the parent or legal guardian of the student (unde r 18) signing above, I grant permiss io n for my child to access networked computer services such as electronic mail and the Inte rnet. I understand that this access is designed for educational purposes; however, I also recognize that some material s o n the Internet may be object ionab le, and I accept responsibilit y for guid ance of Internet use by setting and conveying standard s for my child to follo w when se le c t ing, sharing , researching, or exp lo ring electron ic informat io n and media .

CONSENT FOR LIVE(ti?EDU

The Outlook Live e-mai l so lutio n is provided to your child by the District as part of the Live(a)ed u se rvice from Microsoft. By signing lhi,, form, yo u h,;:reby ac:cept and agree that your chil d's rights to use the Outloo k Live e-mail service, and other l ive@edu 5e rvice5 a5 the Kentucky Department of Educatio n may provide over time, are subject to the terms and conditions set forth in District policy/procedure as provi ded, an d that the data stored in such Live@edu se rvices, including the Outloo k Live e- mai l se rvice , is managed by the District pursuant to policy 08.2323 and accompanying procedures . You also understand that the Windows Live ID provided to your child can also be used to access other elect ronic services that provide features such as online storage and instant messag ing. Use of those Micro soft services is subject to Mic rosoft' s standard consumer terms of use (the Window s Live Service Agreement), and data stored in those systems is managed pursuant to the Windows Live Service Agreement and the Microsoft Online Privacy Statement. Before your child can use those Microsoft services, he/s he must accept the Windows Live Service Agreement and, in ce rtain cases, obtain your consent.

Name of Parent/G uardian (Please print) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

***Signature of Parent/Guardian***

***Date***

*Daytime Phone Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_*

*Evening Phone Number: \_*

B,ETURN TO SCHOOL

CURRICULUM AND INSTRUCTION 08.2323 AP.21

Electronic Access/User Agreement Form

Please check if you are a **D** student **D** certified employee **D** classified employee **D** member of the community.

As a user of the Bell Co unty School District's computer netwo rk, I hereby agree to comply with the Dis trict' s Internet and electronic mail rules and to communicat e over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that vio latio n of the regulations is unethical and may constitute a criminal offense. Should I co mm it any vio lat io n, my acce ss privileges may be revoked and school disciplinary action and/or lega l action may be taken. ·

User' s Name ( Please print) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

***User's Sig11ature Date***

**Prior to the student's being granted independent access privileges, the following section must be completed for students under 18 years of age:**

NOTE: Federal law req uires the District to monitor online activities of minors.

Reviewed/Revised 6/18/2012

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