

Roseburg School District Technology Access
Acceptable Use Policy
Elementary Student Agreement

STUDENT SECTION

Name (Please print.) _____

I have read and agree to follow the Roseburg School District’s Acceptable Use Policy. I understand that violation of the policy could result in disciplinary action.

Elementary _____ Gr / Rm _____ Trainer _____ Date _____
Student Signature _____

Elementary _____ Gr / Rm _____ Trainer _____ Date _____
Student Signature _____

Elementary _____ Gr / Rm _____ Trainer _____ Date _____
Student Signature _____

Elementary _____ Gr / Rm _____ Trainer _____ Date _____
Student Signature _____

Elementary _____ Gr / Rm _____ Trainer _____ Date _____
Student Signature _____

SPONSORING PARENT OR GUARDIAN SECTION

I have read the Roseburg School District’s Acceptable Use Policy. I hereby hold harmless and agree to indemnify the district from any and all claims and damages of any nature arising from my student’s misuse of District electronic communications systems including, without limitations, the type of damages identified in the district’s policy and administrative regulations. I give my permission to issue an account for my student and certify that the information contained on this form is correct.

Signature or Parent of guardian _____

Home Address _____

Date _____ Home Phone Number _____

This space reserved for Network Manager

Assigned User Name* _____

*Convention: Last two digits of graduation year + last name + first initial (i.e. John Smith = 05smithj)

Assigned Password (5-8 characters) _____