



### **[School Name] Family/Student Zoom Agreement**

- I agree never to share call information (links, personal ID numbers, times of calls, screenshots) with anyone outside my family, including anywhere on social media.
- I agree not to record audio or video, and to not take pictures of my class (both students and teachers) while on a Zoom call, because this is a breach of trust and violates the privacy of my peers and teacher.
- I agree not to record audio or video, and not to take pictures of any audio or video resources my teacher provides, because this is a breach of trust and violates the privacy of my peers and teacher.
- I agree that sharing call information creates a dangerous environment for me, my classmates, my teacher, my school, and my family.
- I agree to join meetings using the screen name template my teacher has instructed me to use.
- I agree to connect to my calls with audio and video and to change audio and video settings once connected to the call and with my teacher's guidelines.
- I agree to join all Zoom calls from the Chromebook app, not from my internet browser. I acknowledge that this keeps me, my classmates, and my teacher safe.
- I agree to use appropriate, teacher-approved images for any profile pictures or virtual backgrounds. I agree to check with my teacher before using images.
- I agree to follow my teacher's guidelines for communicating in a timely manner when my Zoom isn't connecting or when my internet goes out.
- I agree to treat my classmates, teacher, and school with respect while participating in a Zoom call, including the way I appear on camera, the way I speak to others on the call, and the way I type in the chat window.
- I agree that my teacher can change settings during a call to keep me, my classmates, and my school safe and that I will cooperate with their directions.
- I agree that my teacher or principal can update these agreements to help keep everyone safe on Zoom. I agree that these policies are in addition to my school's Parent/Student Handbook and the Technology Use/Telecommunications Policy Agreement.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Family Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Email Address & Emergency Cell Phone