

STUDENT COMPUTER USE CONTRACT

Student Contract:

I have read this policy for use of technology resources in the Susquehanna Township School District. I understand and will abide by the policy. I further understand that violation of the regulations is unethical, a violation of school rules, and may constitute a criminal offense. Should I commit any violation, I understand that my access privileges may be revoked and school disciplinary action may be taken. These include, but are not limited to, suspension and removal from the class with a failing grade.

Name: _____ Signature _____ Date: _____

Student ID Number: _____

Parent/Guardian:

As the parent or guardian of this student, I have read this policy for acceptable use of technology resources in the Susquehanna Township School District. I understand that this access is designed for educational purposes and that the District has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for Susquehanna Township School District and its system administrators to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

Name: _____ Signature _____ Date: _____

Student Name _____
Student ID _____