

PARENT / GUARDIAN PERMISSIONS NEEDED:

Student Name: (Please print) _____ Grade: _____
Last Name First Name

Student's Advisory Teacher: _____

Parent Name: (Please print) _____

TECHNOLOGY RESPONSIBLE USE AND SAFETY POLICY (School District Policy 524)

STUDENT:

I have read and do understand the school district policies relating to safety and acceptable use of the school district technology resources, both on and off district property, and the Internet, including electronic communication, and agree to abide by them. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken, including the possibility of expulsion.

Student Signature: _____ Date: _____

PARENT or GUARDIAN:

As the parent or guardian of this student, I have read the school district policies relating to safety and acceptable use of the school district technology resources, both on and off district property, and the Internet, including electronic communication. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent Signature: _____ Date: _____

BRING YOUR OWN DEVICE (BYOD) POLICY (School District Policy 524.1)

STUDENT:

I have read and do understand the school district policies relating to safety and acceptable use of electronic devices not owned by the district, but possessed and/or used at school, on school buses, or school sponsored events. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken, including the possibility of expulsion.

Student Signature: _____ Date: _____

PARENT or GUARDIAN:

As the parent or guardian of this student, I have read the school district policies relating to safety and acceptable use of electronic devices not owned by the district, but possessed and/or used at school, on school buses, or school sponsored events. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

Parent Signature: _____ Date: _____