

PERMISSION FOR COMPUTER NETWORK USE

STUDENT

As a user of the Rockcastle County District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's name (Please print) _____

User's signature _____

_____ Date

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

As a parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for education purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian _____

_____ Date

Daytime Phone Number _____ Evening phone number _____