

Pentucket Regional School District

School Year 2023 - 2024

Please review the following important information:

A FORM MUST BE RETURNED TO THE SCHOOL FOR EACH STUDENT IN YOUR FAMILY

USER AGREEMENT FOR PARTICIPATION IN AN ELECTRONIC COMMUNICATIONS SYSTEM

INTERNET ACCEPTABLE USE POLICY

PLEASE RETURN BY SEPTEMBER 15, 2023

This user agreement must be renewed each academic year. A separate User Agreement must be on file for each student in a family.

Student's Name: _____ Grade Level: _____

Homeroom Teacher's Name: _____ School: _____

I have read the Pentucket Regional School District Acceptable Technology Use Policy IJNDBA and agree to abide by its provisions. I understand that violation of these provisions may result in disciplinary action including but not limited to suspension or revocation of privileges, suspension or expulsion from school, termination of employment, and criminal prosecution.

User Signature: _____ Date: _____

I have read the Pentucket Regional School District Acceptable Technology Use Policy IJNDBA. In consideration for the privilege of using the District's system/network, and in consideration for having access to the public networks, I hereby release the District, its operators, and institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system/network, including, without limitation, the type of damage identified in the Pentucket Regional School District Acceptable Technology Use Policy IJNDBA.

To exercise your options, please initial the following statements, which express your desires in regards to your child's use and access to the District's network and the Internet.

_____ In addition to Internet access under the direct supervision of a teacher for classroom instruction, I give permission for my child to have guided access to the Internet through the district's system/network.

_____ I do not give permission for my child to have access to the Internet beyond access under the direct supervision of a teacher for classroom instruction.

Signature of Parent/Guardian: _____ Date: _____