

**LITTLE FALLS COMMUNITY SCHOOLS  
TECHNOLOGY & INTERNET USE AGREEMENT  
POLICY 524- STUDENT**

**STUDENT**

This form must be signed and on file before technology access is granted. As a user of the Little Falls Community Schools technology resources, I have read and do understand the school district policies relating to safety and acceptable use of the school district's technology resources and the Internet 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.

User's Full Name (please print): \_\_\_\_\_

User 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 and the Internet. 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 or by using district technology resources. 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 or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade: \_\_\_\_\_

**ACCEPTANCE AND RECOGNITION OF RESPONSIBILITY FOR ALL INFORMATION  
CONTAINED IN THIS IPAD HANDBOOK**

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

Grade: \_\_\_\_\_

Advisor: \_\_\_\_\_

I have read (or have had read to me) and understand the information contained in the Little Falls Community Schools iPad Implementation Handbook. I will take personal responsibility to follow all rules, regulations, expectations and policies as outlined in the handbook. I also will take personal responsibility to follow any other reasonable request or rule made by the school administration, teachers, paraprofessionals or other designated persons of the school district.

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

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_