

Technology Usage Agreement (Student and Parent/Guardian)

Student Users:

I have read the Holden R-III School District Technology Usage policy and procedure (see holdenschools.org for policies) and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, monitoring my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I understand that this form will be effective for the duration of my attendance in the district unless revoked or changed by the district or me.

Student #1 Name: _____ Grade: _____ Student Signature: _____ Date: _____
Student #2 Name: _____ Grade: _____ Student Signature: _____ Date: _____
Student #3 Name: _____ Grade: _____ Student Signature: _____ Date: _____
Student #4 Name: _____ Grade: _____ Student Signature: _____ Date: _____

Parents/Guardians:

I have read the Holden R-III School District Technology Usage policy and procedure (see holdenschools.org for policies). I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages incurred by my child.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

I understand that from time to time, the school surveys students in order to collect information for grant proposals or other projects. These surveys are completed without collecting any individual student names. Information about specific surveys scheduled can be obtained at any time from the central office.

Please indicate below the choice for each student. (Y = YES and N = NO)

Student Name	Grade	Computer Use Y/N	Survey Y/N
1.			
2.			
3.			
4.			

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____