## **INTERNET USE AGREEMENT**

## **STUDENT**

I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system 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.

Student's Full Name (please print):	
Student's Signature:	
Date:	Grade
use of the school district computer sy educational purposes. The school di also recognize it is impossible for the hold the school district or its employ accept full responsibility for supervi	ident, I have read the school district policies relating to safety and acceptable system and the Internet. I understand that this access is designed for strict has taken precautions to eliminate controversial material. However, I eschool district to restrict access to all controversial materials and I will not sees or agents responsible for materials acquired on the Internet. Further, I sion if and when my child's use is not in a school setting. I hereby give my child and certify that the information contained on this form is correct.
Parent or Guardian's Name (please	<mark>print)</mark> :
Parent or Guardian's Signature:	
]	MACCRAY School District Tech Insurance
	ognized that with the implementation of the electronic device initiative there is de by both the District and the Student/Parent.
drops, power surges and natural dismisuse, intentional, frequent damage protection tech insurance in the amount of the second of	NNUAL protection tech insurance for coverage against liquid spills, accidental asters. This insurance does not provide for damage caused by fire, theft, loss, e, or loss or damage to chargers. The school district is charging an annual ount of \$40.00 per 6th-12th grade student, \$10.00 per 3rd-5th grade student using devices. I understand the insurance is non-refundable. I also understand the payment and ends at the conclusion of each school year or last day of
INTENTIONAL DAMAGE: Studen devices.	nts/Parents are responsible for full replacement cost of intentional damage to
Parent Name (Please print)	
Parent Signature	Date