



**Student  
Communications  
Agreement**

Board of Cooperative Educational Services  
First Supervisory District of Suffolk County  
201 Sunrise Highway  
Patchogue, NY 11772

**STUDENT AGREEMENT FOR USE OF ESBOCES COMMUNICATIONS SYSTEMS**

I have read, understand, and will abide by Eastern Suffolk BOCES Policy 6216 (*Student Use of Electronic Communications and Telecommunications Equipment*) and Regulation 6216R.1 (*Student Use of Electronic Communications and Telecommunications Equipment*) governing the use of the ESBOCES communications systems. I further understand that some violations of the policy and regulation are unethical and may constitute a criminal offense. Should I commit a violation, my privileges may be revoked and disciplinary and/or appropriate legal actions may be taken.

_____ Print Name of Student	_____ Signature of Student (if you are under the age of 18, a parent or person in parental relation must also read and sign this agreement.)	_____ / _____ /20____ Date
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**PARENT OR PERSON IN PARENTAL RELATION AGREEMENT FOR  
CHILD’S USE OF ESBOCES COMMUNICATIONS SYSTEMS**

As the parent or person in parental relation of the above-named student, I have read and understand Eastern Suffolk BOCES Policy 6216 (*Student Use of Electronic Communications and Telecommunications Equipment*) and Regulation 6216R.1 (*Student Use of Electronic Communications and Telecommunications Equipment*) governing the use of the ESBOCES communications systems and have been provided with an opportunity to ask questions about the policy and regulation. I recognize that it is impossible for ESBOCES to restrict access to all controversial materials, and I will not hold ESBOCES responsible for materials my child may acquire on the ESBOCES network. Further, I accept full responsibility for supervision if and when my child’s use is not in an ESBOCES setting. I hereby give permission to ESBOCES to provide my child with access to the ESBOCES Communications Systems and certify that the information contained on this form is correct.

_____ Print Name of Parent/Person in Parental Relation	_____ Signature of Parent/Person in Parental Relation	_____ / _____ /20____ Date
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