

Student Agreement:

I understand that my use of the Lewisville ISD electronic communication system is not private and that the Lewisville ISD will monitor activity on the computer system.

I have read the district's *Student Guidelines for Technology Resources* and agree to abide by their provisions.

I understand that violation of these provisions may result in suspension or revocation of system access as well as appropriate disciplinary action.

Student Name (Please Print) _____

Campus _____ Grade _____

Student ID _____

Student Signature _____

Parent Agreement:

I understand that my child's use of the Lewisville ISD electronic communication system is not private and that the district will monitor activity on the computer system.

I have read the district's *Student Guidelines for Technology Resources* and agree to abide by their provisions.

I understand that violation of these provisions may result in suspension or revocation of system access as well as appropriate disciplinary action.

Parent/Guardian Name-Please Print

Parent/Guardian Name-Signature

Date