

Book  
WSSDA Model Policies

Package:  
Encouraged Package

Section  
2000 - Instruction

Title  
Form - Electronic Resources

Code  
2022F2

Status  
Active

Classification

**Electronic Information System (K-20 Network)  
Individual User Access Informed Consent Form**

In consideration for the privilege of using the learning device and in consideration for having access to the public networks, I hereby release Wishram School District, the K-20 Network, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my, or my child's use, or inability to use, the K-20 Network including, without limitation, the type of damages identified in the Wishram School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of learning device use privileges. My child and I acknowledge and agree that Wishram School District has the right to review, edit or remove any materials installed, used, stored, or distributed on or through the learning device or District's system including e-mail and other electronic messages and we hereby waive any right of privacy which my child or I may otherwise have into such material. My child and I acknowledge and agree that any copyright my child may have in material posted on the Internet through the school district's system is waived.

---

Signature of User

---

Signature of Parent/Guardian

(required if user is under age 18)

Printed Name of User

Printed Name of Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\* Students over eighteen do not need a parent's signature

School retains white copy and sends yellow copy to: XXXXXXXXXXXXXXXXXXXX

\_\_\_\_\_

**OFFICIAL USE ONLY/DO NOT WRITE BELOW THIS LINE**

Account Number \_\_\_\_\_

Approved by: \_\_\_\_\_

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

**WISHRAM SCHOOL**

**Updates Chart:**

**Additions Chart:**

© 2020-2025 Washington State School Directors' Association. All rights reserved.