

Regulation

SUPPORT OPERATIONS

5301.2

PURPOSE USE SIGNATURE FORM

STUDENT SIGNATURE FORM

Dear Parent/Guardian,

It is necessary for all students to have computer access at school. Please read and review Policy 5301 with your child and sign the form below and return the signed form to the District. Students will not be given computer access until this form is on file in the District.

STUDENT/PARENT

I understand and will follow the *Purpose Use Policy*, and any rules regarding Chromebook or other District device use. I further understand that any violation of the District's Computer Use Agreement is unethical and may be a criminal offense. Should I commit any violation, my privileges may be taken away, disciplinary action taken, and/or legal action may be taken.

Network accounts may be treated like school lockers. Student computer files may be reviewed and edited by staff at any time. Users should not expect that files stored on District servers will be private.

Student's Name (*Please Print*): _____

Student's Signature: _____

Date: _____

Student's Year of Graduation: _____

Parent or Guardian's Signature _____

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PURPOSE USE SIGNATURE FORM

STAFF & COMMUNITY MEMBERS SIGNATURE FORM

STAFF/COMMUNITY MEMBERS

Please read the *Purpose Use Policy* and sign below. Access to computers will not be available until this form is signed and on file in the District. Please return the signed form to the District.

I understand and will abide by the *Purpose Use Policy*. I further understand that any violation of the regulations is unethical and may constitute a criminal offense.

I understand the District reserves the right to monitor and restrict information stored and transmitted using District networks and equipment.

I agree to use school owned equipment and resources for non-commercial, morally and ethically correct purposes.

Should I knowingly commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

Name (*Please Print*): _____

Title: _____

Signature: _____

Date: _____

Once my account is created please notify me by: Text Message _____
Phone number with area code (standard fees and messaging rates apply via your carrier)

Email _____

Waterville Central School District

Approved by the Superintendent: 05/26/15, 08/07/19, 12/16/19, 8/6/24, 08/27/24

Adopted: 08/06/24 Rescinded: 08/27/24