

Student Acceptable Use of Electronic Information and Access**High School
Agreement to Acceptable Use Policy
Student (Grades 9-12) Acknowledgement**

I have read and understand the Ballston Spa School District's Acceptable Use Policy. I understand that if I violate the rules my Internet/device/network access privileges can be restricted and that I may face other disciplinary measures.

Name (printed): _____

School Building: _____ Grade: _____

Student's Signature: _____

Date: _____

Parent/Guardian Acknowledgement:

I have read and understand the Ballston Spa School District's Acceptable Use Policy and have reviewed it with my child. By signing this agreement, I expressly consent to the use of such programs that the District deems appropriate.

Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Please sign and return this form to the main office.