

Please Respond
in English

English
Internet Safety Policy

ELECTRONIC INFORMATION NETWORKS INDIVIDUAL USER ACCESS INFORMED CONSENT

My child or I agree to abide by the District's Internet Safety Policy, which I or we have reviewed and understand. I or we acknowledge that failure to comply with the policy and procedures may result in network use privileges being cancelled and disciplinary action. My child or I acknowledge and agree that

_____ (*districtname*) has the right to review, edit or remove any materials installed, used, stored, or distributed on or through the network or District's system. I or we hereby waive any right of privacy which my child/I may otherwise have to such material. I/We have also been presented with opportunities to learn more about the Internet and electronic networks in schools.

APPLICANT	PARENT OR GUARDIAN
Printed Name of Applicant	Printed Name of Parent or Guardian (Required if applicant is under age 18)
<input type="checkbox"/> Staff <input type="checkbox"/> Student Student Number _____	
Signature of Applicant	Signature of Parent or Guardian
School Name or Location of Applicant	Date Signed (mm/dd/yyyy)
Date Signed (mm/dd/yyyy)	

For Official Use Only	
This form should be kept at the school in the student's cumulative folder or on file with the building coordinator.	
Signature of Building Coordinator	Date (mm/dd/yyyy)