

Washington County School District

ACCEPTABLE USE POLICY AGREEMENT FOR STUDENTS

School: _____ Homeroom Teacher: _____ Grade: _____
Student LAST Name (Please print): _____
Student FIRST Name (Please print): _____
Student MIDDLE Name (Please print): _____
Parent/Guardian Name (Please print): _____
Parent/Guardian Phone #: _____

Upon signing this document I agree that my child will obey all school computer use policies, civil and criminal laws. In the event my child notifies me they are receiving computer messages threatening death, bodily harm, or destruction to property, I agree to report this event immediately to both law enforcement and the Washington County School District.

As parent/guardian of this student, I understand the risks associated with allowing my child to use the Internet. Furthermore, in signing this policy, I affirm that the school district made a reasonable attempt to educate me on the known potential risks of using the Internet and the school's rules and goals of Internet use. Based on this adequate notice, I agree not to hold the Washington County School District responsible for materials acquired or contacts made on the network.

I have reviewed these responsibilities with my child, and he or she clearly understands this acceptable use policy and has agreed to obey all school procedures, civil, and criminal laws. By signing below,

I hereby grant

checkbox

I hereby do not grant

checkbox

permission to the Washington County School District to provide network and Internet access at school.

Please be advised that if you check no your student will not be permitted to use the district Internet access for research and exploration, but your child will still be instructed through the use of Internet-based educational software deemed vital to your child's educational success and will still use the Internet for testing purposes.

Parent Signature _____

Date _____

Student Signature _____

Date _____

For a variety of reasons (academic activities, athletics, clubs, etc.) your child's name, individual student picture/video image, and/or creative work(s), may appear on a school- or district-related website. Please understand that once this information is placed on the Web, we cannot guarantee that the information will not appear on other sites. Also, some activities may involve a classroom to classroom video exchange, for example, students studying volcanoes could use video equipment (e.g., webcam) to see and talk to students in a classroom near Mount St. Helens. By signing this section,

I hereby grant

checkbox

I hereby do not grant

checkbox

permission to the Washington County School District to place my child's name, individual student picture/video/webcam image, and/or creative work(s) on a school- or district-related website or the Internet.

Parent Signature _____

Date _____

Please sign in both places and return this page to the teacher. Retain the first three pages for your records.

This form will be kept on file at the school.