

## STUDENT INFORMATION COMPUTER USAGE

I understand and will abide with the MSD of Boone Township Student Network and Internet Acceptable Use and Safety Policy stated above. I further understand that any violation of the regulations above may result in my denial of use of the computer equipment at all MSD of Boone Township facilities for the specified periods of time, and may cause appropriate legal actions to be taken.

Name of Student (please print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARENT OR GAURDIAN

(A parent or guardian must also read and sign this agreement)

My Child (\_\_\_ does \_\_\_ does not) have my permission to access the Internet at Hebron Elementary/Middle/High School.

My Child (\_\_\_ does \_\_\_ does not) have my permission to have his/her image(photograph) published on the school website (only his/her first name will be used).

My Child (\_\_\_ does \_\_\_ does not) have permission for the corporation to transmit "live" images of my child over the Internet via a web cam on the school website (part of a group only).

My Child (\_\_\_ does \_\_\_ does not) have my permission to have his/her class work published online on the school website (only his/her first name will accompany such class work).

My Child (\_\_\_ does \_\_\_ does not) have my permission to have his/her photograph/videotape used as part of an educational program produced by the Corporation or coalition of Corporations. (This also grants permission for the photographs/videotapes to be used in media presentations that may be made available to other educational institutions or through a cable television station network. I understand that my child's image, name, work product, school, and grade may be revealed without our prior consent.)

I have read the MSD of Boone Township Student Network and Internet Acceptable Use and Safety Policy document and understand the rules and regulations, penalties, use of Internet, and user responsibilities expected of my student, and as the parent or guardian of this student, I will abide with the consequences of my student's actions.

Parent or Guardian's Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*This signature form will be kept on file for the entire time your child is a student at Hebron Elementary/Middle/High School. Any changes made to your child's permissions will be made at the request of a parent (in writing) to the technology department or by filling out one of these forms. Failure to have any signature form on file in the technology office by September 30 of the current school year will result in your child being marked as Does to all of the above permissions.**