

Computer and Network Use Student Agreement

Student Information:

School/Site: _____

Given Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent/Guardian Name: _____

Phone: _____

I have read, and understand and agree to follow all guidelines outlined in the Fayetteville School District Computer/Network Use Policy and Administrative Rules and Procedures. I agree to use the network ethically, legally, and morally.

I agree not to share my network password with anyone else.

I understand that if I do not follow the policy and administrative rules, I will be subject to Fayetteville School District discipline policy as well as applicable state and federal laws. In addition I understand that my account can be revoked or monitored at any time for abusive or inappropriate conduct.

Student Signature:

_____ Date: _____

I have read, understand, and agree to the policies outlined in the Fayetteville School District Computer/Network Use Policy and Administrative Rules and Procedures. I authorize my student to have a network account. I agree to take responsibility and liability for any claims or demands against my student should he/she violate the terms of the Computer/Network Use Policy or the Administrative Rules and Procedures.

Parent/Guardian Signature:

_____ Date: _____

Signature of Computer Trainer

_____ Date: _____