

**Computer and Network Use Student Agreement**

**Student Information:**

School/Site: \_\_\_\_\_

Legal 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: \_\_\_\_\_