

STUDENT/PARENT ACCEPTABLE USE POLICY

The use of Technology/Electronic resources is a privilege, which may be revoked at any time. Behaviors which shall result in revocation of access, include:

- Damage to, theft, or alternation of system hardware or software
- Placement of unlawful information, computer viruses or harmful programs on or through the computer system
- Entry into restricted information on systems or network files in violation of password/account code restrictions
- Violation of other users' right to privacy
- Unauthorized disclosure, use of, dissemination of personal information regarding minors
- Using another's name/password/account to send or receive messages on the network
- Sending or receiving personal messages on the network
- Use of network for personal gain, commercial purposes, or to engage in political activity
- Downloading/viewing "inappropriate matter"
- Participating in chain letters, "chat rooms" or multiple user dimensions

Consequences

1. Suspension of district network privileges
2. Revocation of network privileges
3. Suspension of Internet access
4. Revocation of Internet access
5. Suspension of computer access
6. Revocation of computer access
7. School suspension
8. Expulsion; or
9. Employee disciplinary action up to and including dismissal.

I have read above provisions and agree to abide by these provisions. I understand that violation of these provisions may result in disciplinary action taken against me.

I understand that my use of the district's technology is not private and that the school district may monitor my use of district technology, including but not limited to browser logs, e-mail logs, and any other history of use.

Student Signature

Date

Student Name in print

Graduation Year

I give permission for my child to use electronic resources including but not limited to the Internet. As the parent or guardian of the above stated student, I understand that violation of these provisions may result in disciplinary action taken against my child, ward or child within my care.

Parent Signature

Date

Parent Name (Print)

For Office Use Only

Active Directory--Domain _____ **User Folder** _____ **Permissions** _____