

Agreement for Acceptable Use Policy For Atlanta ISD Technology Resources

Please read: Student Acceptable Use Policy for Technology Resources prior to signing.

Student

I understand that my computer use is not private and that the District will monitor my activity on the computer system. I have read the District's Acceptable Use Policy for Technology Resources, and I agree to abide by these provisions. I understand that violation of these provisions may result in suspension/revocation of system access or other consequences as determined by the Student Code of Conduct.

Student's Name (please print): _____

Student's Signature: _____

Enrolled Grade: _____ Date: _____

Parent/Guardian

I have read the District's Acceptable Use Policy for Technology Resources. In consideration for the privilege of my child using the District's technology resources, and in consideration for having access to the public networks, I hereby release the District, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the District's policy and administrative regulations. I give my permission for my child to participate in the District's technology resource system and certify that the information contained on this form is correct.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Date: _____