

**Network Acceptable Use Student Agreement**

I have read, understood and agree to abide by the Network Acceptable Use Policy. I agree to report any misuse of the technology to the building principal or a Network administrator and to cooperate in any investigations regarding security issues and/or improper or illegal uses of the technology. I understand that my technology account may be monitored. By signing below, I agree to indemnify and hold harmless the Gallipolis City School District, its administrators, teachers, employees and Board members, from any claims or damages arising as a result of and in connection with my failure to follow school policies regarding use of the Network, including claims or damages arising from my giving my access code or password to another person.

I understand that any violation of this Policy may subject me to restriction on or termination of my access to district technology, discipline in accordance with the Student Code of Conduct, other Board policies, referral to legal authorities, and/or other legal action.

Name of User (Printed)\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

School\_\_\_\_\_ Grade\_\_\_\_\_

If the student named above is under 18 years of age, a parent or legal guardian must complete the following:

**Parent/Guardian Permission Form**

As a parent or legal guardian of the minor student signing above, I grant permission for my daughter/son/ward to access district technologies, including networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.

I understand and agree that personal information about my daughter/son/ward may be released to appropriate entities as the District deems necessary, in its sole discretion, to avoid immediate danger or physical harm to persons or property, or to report possible crimes to the legal authorities.

By signing below, I agree to indemnify and hold harmless Gallipolis City Schools, its administrators, teachers, employees and Board members, from any claims or damages arising as a result of and in connection with my child's/ward's failure to follow school policies regarding use of the Network, including claims or damages arising from the student's giving his/her access code or password to another person.

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

Home phone #\_\_\_\_\_ Work Phone #\_\_\_\_\_

Student ID #\_\_\_\_\_ Student Date of Birth\_\_\_\_\_

[Adoption date: April 16, 1997]

Revised: October 22, 1997  
June 20, 2001