

Raymond School District
Acceptable Use Policy Agreement Form

EGA-R

THE FOLLOWING MUST BE COMPLETED BY EACH STUDENT AND HIS/HER PARENT OR GUARDIAN PRIOR TO ANY USE OF TECHNOLOGY RESOURCES. The student and parent or guardian should read and discuss this document together to ensure that it is clearly understood before signing.

We acknowledge that in regards to student _____ we have received, read, discussed and fully understand Raymond School District's Acceptable Use Policy.

1. It is clear to us that use of the District's "technology resources", such as the District's computers, network, electronic mail service, website and Internet web access is designed for and will be used for educational purposes only.
2. We understand that any violation of the Raymond School District Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges, and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities.
3. We agree to immediately report any misuse of the District's technology resources to the District administration.
4. We understand the importance of following this policy for reasons of personal safety and the safety of others.
5. We acknowledge that the use of the District's technology resources is at the risk of both student and parent or guardian.
6. We hereby release, indemnify and hold harmless the Raymond School District, its staff and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from the student's use of or inability to use the District's technology resources.
7. We certify that the information contained in this for is true and accurate.

Parent Guardian Info:

Home Address: _____

Home Phone Number: _____ Work Phone Number: _____

(Please check only one) I hereby give/ do not give permission for my child to access the Raymond School District technology resources.

Print Name: _____ Signature: _____ Date: _____

Student Info:

Print Name: _____ Signature: _____ Date: _____

Home Address: _____ Home Phone Number: _____

Date of Birth: _____ Please Specify Desired Password: _____