

**Raymond School District** EGA-R  
**Acceptable Use Procedures Agreement Form-Student**

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. **Please understand that the use of technology resources is considered essential to each student's academic success.**

1. We understand that use of all of the District's technology resources, such as the District's computers, network, 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 Procedures 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 these regulations 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 form is true and accurate.

We acknowledge that in regards to student \_\_\_\_\_ we have received, discussed and fully understand Raymond School District's Acceptable Use Procedures.

**Parent Guardian Info:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Do you have internet access at home? \_\_\_\_\_ Is it broadband? \_\_\_\_\_ dial up? \_\_\_\_\_

Parent email address: \_\_\_\_\_

**Student Info:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home room/RAP teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Please indicate desired password (must be at least 7 characters that are a combination of numbers and letters, with at least one capital letter).

\_\_\_\_\_ (RHS and IHGMS only)

Adopted: April 16, 1998  
Revised: November 4, 1999  
Revised: September 20, 2001  
Revised: May 16, 2001  
Revised: May 16, 2001  
Revised: August 2, 2006  
Revised: May 6, 2009