

**School District 5 (Southeast Kootenay)**

**Information and Communication Technology and Technology Services**

**Student Use Agreement**

**School Name**

**School Address**

**Phone: Fax: Email:**

I have read and understand Policy 7.1 (Acceptable Use of Information and Communication Technology and Technology Services) and the accompanying Regulations. I know that the school and the School District do not control the content of the Internet. I further understand that if my child violates the school rules, he/she will be subject to disciplinary actions.

This form must be signed and returned to the school. Once this form has been received and placed on file, it will be valid while your child is in the school, unless you wish to terminate your child’s access and privileges.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ I hereby authorize the school to allow the above named child to access Information and Communication Technology and Technology Services. I acknowledge that should I wish to terminate my child’s privileges, I must do so in writing to the school administration.

\_\_\_\_\_ I do not wish my child to have access to Information and Communication Technology and Technology Services.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_