



Student Technology Acceptable Use Policy

Agreement and Acknowledgement

Student Section:

Student Name _____ Grade _____

School _____

I have read the Northampton County Schools Acceptable Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my access to district technology and associated privileges can be terminated and I may face other disciplinary measures.

Student Signature _____ Date _____

Parent or Guardian Section:

I have read the District Acceptable Use Policy. I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services. Likewise, I understand my child maybe subject to disciplinary actions for violating the district Acceptable Use Policy.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give authorization for my child to access district technology equipment , network and internet services as well as certify that the information contained in this form is correct. By signing this form I agree to the terms of the District Acceptable Use Policy.

Parent Signature _____ Date _____

Parent Name _____ Phone _____