

REGULATION — WASHINGTON TOWNSHIP SCHOOL DISTRICT

PROGRAM

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Student Acceptable Use
of Computer Network/
Computers and Resources

School District of Washington Township Student Account Agreement

Student Name: _____ **Grade:** _____

School: _____

I have read and understand the Washington Township Public School District Acceptable Use Policy and Regulation 2361. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, my account and access to the district network/computers can be terminated and I may face other disciplinary measures.

Student Signature: _____ Date: _____

Parent(s) or Guardian(s) Section

I have read and understand the Washington Township Public School District Acceptable Use Policy. (If the school district provides dial-up access, I will supervise my child's use of the District Network when my child is accessing the District Network from home.)

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 Network, including, but not limited to claims that may arise from the unauthorized use of the District Network to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials as 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 permission to issue an account for my child and certify that the information contained in this form is correct.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: (Please Print) _____

Relationship: _____

Home Address: _____

Phone: _____

