

BURRILLVILLE SCHOOL DEPARTMENT *COMPUTER and NETWORK ACCEPTABLE USE POLICY*

STUDENT ACCEPTANCE

I, _____, have received my parent(s)/guardian(s) permission and I have read the Burrillville School Department "Computer and Network Acceptable Use Policy". I understand and agree to all the provisions, rules and regulations outlined within. I understand that any violation of the BSD Computer and Network Acceptable Use Policy will result in immediate suspension of my Network privileges and that as a result of such violation further disciplinary measures may be taken.

Print Student's Name: _____

Student's Signature: _____

Date: ____/____/____



PARENT/GUARDIAN ACCEPTANCE AND PERMISSION

The Parent/Guardian:

As the parent(s)/guardian(s) of the above named student, I have read the Burrillville School Department "Computer and Network Acceptable Use Policy" and I understand and agree to all the provisions, rules and regulations outlined within. I hereby give permission for my child to use the Network service provided by the Burrillville School Department. I do understand that my child is required to follow this policy. I further understand that there is a potential for my son/daughter to access information on the Network that is inappropriate for students and that every reasonable effort will be made on the part of the faculty and staff of the Burrillville School Department to monitor access to such information, but that my son/daughter is ultimately responsible for restricting himself/herself from inappropriate information.

_____ I give permission for my child to be granted Network access.

Print Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____

Please sign this form and return it to the Middle School Main Office.