

After reading the Computer Use Agreement and IUSD Technological Resources Acceptable Use Policy, please sign both areas listed below and return to your student's teacher by Monday, August 2, 2010



Computer Use Agreement

My student and I understand the computer use policy. We assume the responsibility for any loss or damage, and understand that misuse could result in the loss of computer use privileges for the student.

Student's Name (Please print)

Student Signature

Teacher Name

Parent Signature

IUSD Technological Resources Acceptable Use Policy

I (print parent name here) _____ and

(print student name here) _____

have read the IUSD Technological Resources Acceptable Use Policy and agree to adhere to the conditions and policies detailed therein. I understand and accept the conditions stated in the policy, and agree to hold harmless the district and all district personnel for the failure of any technology protection measures.

I understand that (I am, my student is) expected to act in a reasonable manner and follow all guidelines for use of the school's technological resources and that all privileges on such systems can be canceled for violations of the IUSD Technological Resources Acceptable Use Policy.

Student Signature

Parent Signature

Teacher Name