



HADDONFIELD PUBLIC SCHOOLS

**ACCEPTABLE USE POLICY
STUDENT CONTRACT and PARENT/GUARDIAN AGREEMENT
Signed for GRADES 6-12**

Student's Name (please print): _____

School: _____ Present Grade: _____ Present Teacher (Homeroom) _____

Directions: After reading the Acceptable Use Policy for school technology please read, fill out completely and sign. Parents and guardians, you must sign below if your child is under the age of 18. Students, please return the contract to the teacher who gave it to you.

STUDENT: By signing below I certify that:

- I have read the Acceptable Use Policy for School Technology and I understand its significance.
- I have discussed the rules for technology use with my parents or guardians.
- I understand that school technology is available to me as a tool to support my education and is afforded to me as a privilege.
- I understand and agree to abide by the rules stated in the Acceptable Use Policy
- I know that if I violate this contract disciplinary actions including but not limited to the following, may be taken against me:
 1. Use of networks/computers only under direct supervision;
 2. Suspension of network privileges;
 3. Revocation of network privileges;
 4. Suspension of computer privileges;
 5. Revocation of computer privileges;
 6. Suspension from school;
 7. Legal action and prosecution by the authorities.

Student's Signature: _____ Date: ____/____/____

PARENT OR GUARDIAN: By signing below I certify that:

- I have read the Acceptable Use Policy for School Technology and I understand its significance.
- I have discussed the rules for technology use with my child.
- I understand that access to technology is designed for educational purposes and it is the student's obligation to use the resources in a responsible manner.
- I recognize it is impossible for the school district to totally restrict access to controversial materials and I will not hold them responsible for materials my child may acquire on the network .
- I accept full responsibility for supervision of my child's technology use outside of school.
- I hereby give my permission for my child to use school technology and certify that the information contained on this form is correct.

Parent or Guardian Name (please print): _____

Your relationship to student: _____ Daytime Phone: _____ Evening Phone: _____

Signature: _____ Date: ____/____/____