

## Washington County Schools Student Network Agreement

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

I have read the Washington County School Board's Ethical Use Policy. I agree to follow the rules contained in this Policy. I understand that if I violate the rule my use privileges can be terminated and I may face other disciplinary actions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parents

I have read the Washington County Board's Ethical Use Policy.

I hereby release the school system, 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 school board's network, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restriction against accessing material that are in addition to the restrictions set forth in the School System's Ethical Use Policy. I will emphasize to my child the important of following the rules for personal safety.

I give permission for my child to utilize the Washington County School System's Wide Area Network which includes but is not limited to the Internet.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_