

Expected Graduation Year: _____

STUDENT NETWORK USE AGREEMENT

Student Name: _____ Grade: _____

Teacher (Homeroom Teacher for 7-12): _____

FOR PARENT/GUARDIAN:

I have read, understand, and agree to the terms of the District's Acceptable Use of District's Information Technology Network Policy (Board Policy #8360). I understand that my child has no right to privacy when he/she uses the District's Network and I understand that the District may monitor my child's communications while using the District's Network or Computers. I further understand that any violation of District policy may result in suspension or revocation of my child's Network access and privileges. I understand that my child's Network account may be terminated at any time for any reason.

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

Parent/Legal Guardian Name (*please print*): _____ Relationship: _____

Parent/Legal Guardian Signature: _____ Date: _____

THIS SPACE RESERVED FOR TVCSD IT STAFF

- Account created
- Email created
- Added to "Class of" distribution list
- Login information communicated to Homeroom Teacher
- Email address communicated to School Registrar