EPHRATA AREA SCHOOL DISTRICT
Student Network Acceptable Use Agreement

Student

I have read the District’s Acceptable Use of Internet Access, E-Mail, and Network Resources Policy No. 815. I understand and will abide by the rules and guidelines set forth in the policy. I understand that all network use is subject to monitoring. I further understand that any violation of this policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked; disciplinary and/or appropriate legal action may also be taken.

____________________________________________________________________
Student Name (Please Print)
____________________________________________________________________
Student Signature      Date

Parent/Guardian; If Student is Under the Age of Eighteen (18)

As the parent/guardian of the above named student, I have read the District’s Acceptable Use of Internet Access, E-Mail, and Network Resources Policy No. 815. I understand that Internet access is designed for educational and instructional purposes and that the Ephrata Area School District will attempt to prevent access to inappropriate and objectionable material and communications. However, I recognize it is impossible for the Ephrata Area School District to prevent access to all inappropriate and objectionable material and communications, and I will not hold the Ephrata Area School District and/or district staff responsible for materials acquired or contacts made through the Internet by my child. I understand that individuals and families may be held liable for violations. I understand that all network use is subject to monitoring. Further, I accept full responsibility for supervision if and when my child’s use is not in a school setting. I hereby give my permission for the student named above to use district networks/Internet access until revoked in writing by me and further certify that the information contained on this form is correct.

____________________________________________________________________
Parent/Guardian (Please Print)
____________________________________________________________________
Parent/Guardian Signature     Date

Daytime Phone Number     Evening Phone Number