***Todd County Schools – Acceptable Use Policy for Students***

***2015-2016 School Year***

Student Name: Grade:

School:

Student Agreement:

I have read and understand the Todd County “Acceptable Use Policy” and I hereby agree to comply with the conditions described in this policy. Should I commit any violation, my access privileges may be revoked and disciplinary action will be taken.

**Student Signature:** **Date:**

**Parent/Guardian Agreement**:

As parent/guardian I read and understand the Todd County “Acceptable Use Policy”. I understand that this access is designated for education purposes only. I also understand that Todd County Schools will restrict access to controversial materials; however, it is impossible for the school, District or state to restrict access to all controversial materials. I will not hold Todd County schools responsible for, or legally liable for, any materials distributed to or acquired from the Internet. I hereby give my permission for my child to have network/Internet access.

**Parent Signature:** **Date:**

In accordance with state reporting we have been asked to gather the following information.

Do you have a computer at home? Yes No If yes what kind/How old?

Do you have Internet access? Yes No

If yes do you have DSL, Cable, Satellite or Dial up?

***Media Release – for photos, videos, interview and web publications***

Publishing student pictures and work on websites promotes learning, collaboration and provides an opportunity to share the achievements of students. Images and products of K-12 students may be included on the website without identifying captions or names. Parents/guardians must indicate their written consent to publish their child’s photo or school work on any school related website, publication or promotional material before the item is published.

Please note that under no circumstances will K-12 student photos or work be identified with first and last name on website, including the district, school, or teacher website.

 I GIVE permission for my child to be photographed or videotaped, and/or have their work posted on a school related website, publication or promotional material.

 I DO NOT GIVE permission for my child to be photographed or videotaped, and/or have their work posted on a school related website, publication or promotional material.

Parent Signature: Date:

Equal Opportunity/Affirmative Action Employer Offering Equal Education Opportunities

White – School Copy Yellow – Parent Copy Rev 06.12