

**Electronic Communication Systems
Acceptable Use Agreement
Student**

Please contact the building principal if you have questions about this form or the Special School District policy regarding student access to electronic communication systems.

Please print the following information:

Student Name _____
Parent or Guardian Name _____
School _____
Grade Level _____

I have received a copy of Special School District Policy **EHB** regarding Technology Usage. I have discussed with this student our family's decision regarding access to electronic communication systems, such as the internal computer network (intranet), the Internet and e-mail, at Special School District. **I agree to abide by the provisions of that policy. I understand that violation of this policy may result in disciplinary action against me including but not limited to suspension or revocation of access to District technology and electronic communication, and/or suspension or dismissal from school.**

I understand that use of the District's technology resources is not private and that the District may monitor use of its systems, including but not limited to accessing browser logs, e-mail logs and history-of-use files. I understand I am responsible for any unauthorized costs arising from my use of the District's technology resources. I understand that I am responsible for any damages I cause due to my use of the District's technology resources.

Please check the appropriate boxes for this student.

May have access to the Internet via SSD computer systems Yes No
May have an e-mail account via SSD computer systems Yes No

Parent or Guardian Signature _____
Telephone Number _____ (area code) (number)
Student Signature _____
Date _____

Special School District of St. Louis County, Missouri

Adopted: December 17, 2002
Revised: June 10, 2010