

Please Print Student Last Name

Student First Name

Student ID#

*Administrative Regulation 6163 (c)*

### **Acceptable Use Agreement for Student Use of Technology**

#### **For Students:**

This agreement is provided so that you are aware of the responsibilities that you are about to accept. The use of the Internet and other information technology is a privilege, not a right, and inappropriate use can result in revocation of this privilege. If a district user violates any of these provisions, the district reserves the right to discipline the user

including the suspension, limitation, or denial of future access. In addition, the user will be held financially responsible for any damages resulting from misuse of the system.

This agreement applies specifically to the requirements of Board Policy 6163 and Administrative Regulations 6163. A signature at the end of this agreement is binding, and indicates that the party who signs it has carefully read and understood the significance of this agreement's terms and conditions. No user has permission to access the Internet or use school district computers without this signed and dated agreement on file with the school and/or district.

I understand and will abide by the above Acceptable Use Agreement for Student Use of Technology. I further understand that any violation of the regulation is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school/district disciplinary action including suspension or expulsion and/or appropriate legal action may be taken.

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Student Signature

Grade

Date:

#### **For Parents:**

As the parent/guardian of this student, I have read this agreement. I understand that this access is designed for educational purposes only. I recognize that the district has taken reasonable precautions to limit access to harmful material or material that is not approved for use within the public school system. I also recognize it is impossible for the district to restrict access to all harmful or unapproved materials and will not hold the district responsible for such materials acquired by my child using district resources. Further, I accept full responsibility for any such materials acquired by my child.

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Print Parent or Guardian Name

Date:

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Signature of Parent or Guardian

Date:

Adopted:  
Revised:

**WEST SONOMA COUNTY UHSD**  
Sebastopol, California