

**ACCEPTABLE USE CONTRACT**

I, \_\_\_\_\_, recognize the technical sophistication and expense of the equipment I am being entrusted to operate in the Sargent School District Technology Program. I acknowledge that it is a privilege I share with others and that there is a shared trust among us all to protect the hardware and software. My signature below constitutes my pledge that I will not damage or disable the hardware or software entrusted to me nor behave in a manner which might lead to accidental damage to the equipment or injury to others or myself I further understand that is it unlawful to copy or remove software programs from any computer.

My signature on the line below acknowledges that I have read and understand the regulations on this contract, including those concerning acceptable and unacceptable use, computer security, and proper care of the equipment. I further understand that if I violate the acceptable use provisions delineated in this contract, I may be prevented from working with all or any technology resources located at Sargent School District.

If I am 18 years or older, I hereby release the school district from all costs, claims, damages or losses resulting from my use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

***Your signature on this Acceptable Use Agreement is binding and indicates you have read the school district's policy on Student Use of the Internet and Electronic Communications and understand its significance.***

|                          |                           |
|--------------------------|---------------------------|
| _____                    | _____                     |
| Student's Name (printed) | Date of Birth (day/mo/yr) |
| _____                    | _____                     |
| Student's Signature      | Date                      |

***A parent or guardian must also sign this Agreement.***

As a parent or guardian, I recognize the importance of the above pledge my child has made. I promise to support the Sargent School District administration and faculty in developing students who accept responsibility for their own learning and actions.

As the parent or guardian of this student, I have read the district's policy on Student Use of the Internet and Electronic Communications. I understand that access to the Internet and electronic communications is designed for educational purposes and that the school district has taken reasonable steps to block or filter material and information that is obscene, child pornography or otherwise harmful to minors, as defined by the Board. I also recognize, however, that it is impossible for the school district to prevent access to all materials or information I might find harmful or controversial and I agree not to hold the district responsible for any such materials and information accessed by my child. Further, I accept full responsibility for supervision if and when my child's Internet or electronic communications use is not in a school setting.

I hereby release the school district from all costs, claims, damages or losses resulting from my child's use of district computers and computer systems, including use of the Internet and electronic communications, including but not limited to any user fees or charges incurred through the purchase of goods or services.

I hereby give permission to issue an Internet and electronic communications account for my child and certify that the information contained on this form is true and correct.

***Your signature on this Acceptable Use Agreement is binding and indicates you have read the district's policy on Student Use of the Internet and Electronic Communications carefully and understand its significance.***

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Media Coverage**

The district anticipates that public interest in its one-to-one computing initiative will be substantial, and that there will be instances when media representatives may request opportunities to interview students, take photographs, and film or video within the classrooms. We are requesting that media representatives **not** utilize the names of students, or other identifiers when publishing photographs or running news stories.

I hereby give permission for my child to participate in interviews, photograph sessions, film or video sessions scheduled through the school district for the purpose of facilitating media coverage of the school district's one-to-one computing initiative.

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date