

Technology Access Consent Form

STUDENTS: I have read and will abide by the Edgemont School District’s acceptable use policy for the use of electronic resources. I understand that violations will result in the loss of access privileges and disciplinary action.

Student’s Signature (each child in the family)

_____ date _____
_____ date _____
_____ date _____
_____ date _____
_____ date _____

PARENT/GUARDIAN: I have read the Edgemont School District’s acceptable use rules and regulations for the use of electronic resources and understand that this access is designed for educational purposes only. I recognize that it is impossible to restrict access to all inappropriate materials, and I will not hold the District responsible for materials acquired on the Internet. I accept full responsibility for my child’s compliance and, herby, give my permission for my child to use the technology resources.

Parent/Guardian’s Signature _____ date _____

PARENT/GUARDIAN: I herby give permission for my child(ren) picture and/or name to be on the school’s web site.

Parent/Guardian’s
Signature _____ date _____