

Digital Use Policy Release Form

Students and Staff:

I understand and will abide by the Digital Use Policy for Students, Staff, and Community. I further understand that any violation of the terms and conditions above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action and/or appropriate legal action will be taken as warranted.

Name _____ Date _____

Signature _____ Student/Staff I.D. No. _____

Parent Computer Network Policy Agreement and Permission Form

As the parent or guardian of _____,
I have read the "Computer Network Policy for Students" in the student handbook. I understand that this access is designed for educational purposes. The Southern Worcester County Vocational School District has taken precautions to eliminate controversial material; however, I also recognize it is impossible for the School District to restrict access to all controversial materials and I will not hold the District responsible for materials acquired on the network. Additionally, I agree that if my child should commit any violation, her/his access privileges should be revoked, school disciplinary action should be taken, and/or appropriate legal action, as warranted.

Parent / Guardian _____ Date _____

Signature _____

I am 18 years of age or older and I give my consent without reservations to the foregoing on my own behalf.

NO, I do not give permission for my child, _____ to use the Internet at Bay Path Regional Vocational High School.

Parent or Guardian: _____ Date: _____

Signature _____