Student Account Agreement ET-D

Student Section	
Student Name:	Grade:
School:	
I have read the District Acceptable Use Policy. I agree to follow if I violate the rules my account can be terminated and I may face	
Student Signature	Date
Parent or Guardian Section	
I have read the District Acceptable Use Policy,	
I hereby release the district, its personnel, and any institutions vidamages of any nature arising from my child's use of, or ina limited to claims that may arise from the unauthorized use of the	bility to use, the District system, including, but not
I will instruct my child regarding any restrictions against access forth in the District Acceptable Use Policy. I will emphasize t personal safety.	
I give permission to issue an account for my child and certify the	nat the information contained on this form is correct.
The purpose for which this account is provided is:	·
Parent Signature	
Date	
Parent Name	Phone
Home Address	
***********	************
This space reserved for System Administrator	
Assigned User Name:	
Assigned Temporary Password:	

Revised 08/26/02

