



## Great Oaks Institute of Technology and Career Development

### Network Acceptance Use Student Agreement

I have read, understood and agree to abide by the Student Network Acceptance Use Policy. I agree to cooperate in any investigations regarding security issues and/or improper or illegal uses of the technology. I understand that my use of the Network may be monitored. By signing below, I agree to indemnify and hold harmless the Great Oaks Institute of Technology and Career Development, its administrators, teachers, employees and Board members, from any claims or damages arising as a result of or in connection with my failure to follow Board policies regarding use of the Network.

I understand that any violation of this Policy may result in disciplinary action, including but not limited to restriction or termination of access to the Network, and/or other discipline in accordance with the Student Code of Conduct. Violations also may be referred to the appropriate legal authorities and/or legal action may be pursued.

Name of User (Printed) \_\_\_\_\_ Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If the student named above is under 18 years of age, a parent or legal guardian must complete the following:

### Parent/Guardian Permission Form

As a parent or legal guardian of the minor student signing above, I grant permission for my daughter/son/ward to access District technologies, including networked computer services such as electronic mail and the Internet. I understand that some accessible materials may be objectionable, and I accept responsibility for setting and conveying standards for my daughter/son/ward to follow when selecting, sharing, or exploring information and media.

I understand that personal information about my daughter/son/ward may be released to appropriate entities, as the District deems necessary, in its sole discretion, to avoid immediate danger or physical harm to persons or property, or to report possible crimes to legal authorities.

By signing below, I agree to indemnify and hold harmless the Great Oaks Institute of Technology and Career Development, its administrators, teachers, employees and Board members, from any claims or damages arising as a result of or in connection with my child's/ward failure to follow school policies regarding use of the Network.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student Date of Birth \_\_\_\_\_