



Great Oaks Institute Of Technology And Career Development

Network Acceptable Use Student Agreement

I have read, understood and agree to abide by the Student Network Acceptable 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 other legal action may be pursued.

Student Name (Printed) _____ Grade _____

Student 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 individuals and families may be held liable for violations. 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 following school policies regarding use of the Network.

Parent/Guardian Signature _____ Date _____

Home Phone # _____ Work/Cell Phone _____

Student Date of Birth _____

OTHER SIDE MUST BE COMPLETED, ALSO.

Student Laptop Program Agreement Form

I have read the Laptop Computer Safety Agreement. I understand that failure to follow these guidelines may result in loss of computer privileges and/or disciplinary actions. I am aware of all rules and regulations regarding this computer and all school property and wish to participate in the laptop program.

Equipment Received:

Laptop Computer, Power Cord, Laptop Bag

Print Student Name

Career-Technical Program

Student Signature

Date

Print Parent/Guardian Name

Parent Signature

Date

Other side must be completed, also.

I CHOOSE NOT to participate in the laptop program. I understand that there are a limited number of laptops available for check out from the Cybrary. These laptops must be returned to the Cybrary before leaving each day.

Print Student Name

Career-Technical Program

Student Signature

Date

Print Parent/Guardian Name

Parent Signature

Date

Other side must be completed, also