Agreement for Student Use of District Computerized Information Resources

In consideration for the use of the Silver Creek Central School District's Computer System (DCS), I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies published in the Student Handbook.

I understand that failure to comply with these policies and regulations may result in the loss of my access to the DCS. Prior to suspension or revocation of access to the DCS, students will be afforded application due process rights. Such violation of District policy and regulations may also result in the imposition of discipline under the District’s school conduct and discipline policy and the Code of Conduct. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District. Further, the District may bring suit in civil court pursuant to General Obligations Law Section 3-112 against my parents or guardians if I willfully, maliciously or unlawfully damage or destroy District property.

__________________________________________________
Student Name (Please Print)

__________________________________________________                       ___________________
Student Signature                            Date

__________________________________________________
Grade

__________________________________________________
Classroom/Homeroom Number

__________________________________________________
School Building
Parental/Guardian Consent for Student Use of District Computerized Information Resources

I am the parent/guardian of ______________________________________________________________, the minor student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the District's policy and regulations concerning use of the DCS.

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the DCS will potentially allow my son/daughter student access to external computer networks not controlled by the Silver Creek Central School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the DCS or any other electronic media or communications.

I agree to release the Silver Creek Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter may have access to the DCS and I agree that this may include remote access from our home.

______________________________
Parent/Guardian Name (Please Print)

______________________________
Parent/Guardian Signature

______________________________
Date

______________________________
Home Address

______________________________
Phone Number

______________________________
Student’s School Building

______________________________
Student’s Grade/Homeroom