BRITTONKILL CENTRAL SCHOOL DISTRICT

NETWORK APPLICATION FORM

By signing below I acknowledge that I have received and read the Brittonkill Computer Use Policy and would like to apply for a network account.

Please provide the following information.

Name (print):_____

Position:Circle correct choice(s)

TEACHER which bldg(s) ES__ MS__HS__	TEACHER ASSISTANT which bldg(s) ES__ MS__HS__	OFFICE STAFF which bldg(s) ES__ MS__HS__
ADMINISTRATOR which bldg(s) ES__ MS__HS__	SUPPORT STAFF Department: Cafe Trans OM	LONG TERM SUB Last day of work:_____ or STUDENT TEACHER Last day of work:_____
OTHER (please specify): _____		

Password:_____
(Should be at least 8 characters long;)

Signature:_____

Date: _____