

TECHNOLOGY USAGE
(Parent/Guardian Technology Agreement)

I have read the Silex R-I School District Technology Usage policy and procedure. I understand that violation of these provisions may result in disciplinary action taken against my child including, but not limited to, suspension or revocation of my child's access to district technology and suspension or expulsion from school.

I understand that my child's use of the district's technology resources is not private and that the school district may monitor my child's electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my child's electronic communications using district technology resources as well as downloaded material and all data stored on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from use of the district's technology resources by my child. I agree to be responsible for any damages incurred by my child.

- I give permission for my child to utilize the school district's technology resources.
- I give partial permission for my child to utilize the school district's technology resources.
I do not wish for my child to utilize: _____

- I do not give permission for my child to utilize the school district's technology resources.

I understand that this form will be effective for the duration of my child's attendance in the district unless revoked or changed by the district or me.

Name of Student: _____

Name of School: _____

Signature of Parent/Guardian

Date

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Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

TECHNOLOGY USAGE
(Student User Agreement)

I have read the Silex R-I School District Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology and suspension or expulsion from school.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely. I understand that this form will be effective for the duration of my attendance in the district unless revoked or changed by the district or me.

Signature of Student

Date

Name of School: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised:

School District of Silex R-I, Silex, Missouri

TECHNOLOGY USAGE
(Employee Technology Agreement)

I have read the Silex R-I School District Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology and termination of my employment with the district.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to district technology due to my negligent or intentional misuse of the district's technology resources. I understand that this form will be effective for the duration of my employment with the district unless changed or revoked by the district or me.

Signature of Employee Date

Name of School: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised:

School District of Silex R-I, Silex, Missouri

TECHNOLOGY USAGE
(External User Technology Agreement)

I have read the Silex R-I School District Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in disciplinary action taken against me including, but not limited to, suspension or revocation of my access to district technology.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to district technology due to my negligent or intentional misuse of the district's technology resources. I understand that this form will be effective for the duration of my association with the district unless changed or revoked by the district or me.

Signature of External User

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised:

School District of Silex R-I, Silex, Missouri