

School District of Shiocton
Technology Use Agreement

This form must be signed and returned before access to the District computer network, Internet or other on-line services will be allowed. A separate form must be completed each year for each user.

TO BE COMPLETED BY THE USER:

I read, understand, and agree to School District of Shiocton Technology Use Policy.

User Name (print) Telephone

Student _____ Employee _____ Community _____
Grade Address

User
Signature _____ Date: _____

TO BE COMPLETED BY A PARENT/GUARDIAN OF A MINOR

I read and understand the School District of Shiocton Technology Use Policy. I give permission for my child to use District technology, the Internet and other on-line services.

I read and understand the School District of Shiocton Technology Use Policy. I give permission for my child to use district technology, with the **exception** of the Internet and other on-line services.

School Year _____

Parent Signature _____ Date: _____

Telephone number if different from above _____
(home) (work)