

DR. LEWIS S. LIBBY SCHOOL
User Agreement and Parent Permission Form

STUDENT NAME (Please Print): _____

As a user of the Dr. Lewis S. Libby School's computer network, I have read and understand the rules and conditions stated in the Information Technology Acceptable Use Policy. I agree to follow ALL rules and conditions stated in this policy.

Student Signature _____ Date: _____

As the parent/legal guardian of the student listed above, I grant permission for them to access the Dr. Lewis S. Libby School network 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 materials on the internet may be objectionable but standards for my son/daughter to follow when selecting, sharing or exploring information and media.

Parent/Guardian Signature _____ Date: _____

Name of Student (please print) _____

Address _____

Telephone Number _____

E-mail _____

Please return ONLY this page and retain the other pages for your records.

Adopted: 12-11-14