

Provo City School District Acceptable Computer System Use Policy

I understand that using Network Services within the Provo City School District is a privilege and not a right. My use of this privilege may be suspended or revoked by the school at any time if I do not follow the terms of the district and individual school Acceptable Computer System Use policies. I agree to keep my password confidential and to properly log off the computer before leaving my workstation. I will never let anyone else use my account.

As a condition of my use of the Network Services, I have read and will comply with the terms and conditions stated in the Acceptable Computer System Use Policy for Provo City School District. I understand disciplinary action will be taken if I violate this agreement.

Users Full Name*(Please Print) _____
* Student users must have permission from a parent or guardian - see below

User Signature _____ Date ____/____/____

School/Location Wasatch Elementary School

Grade Level/Title _____

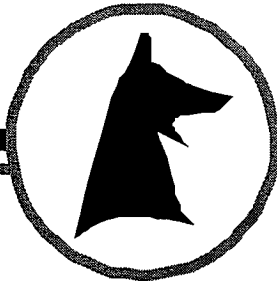
Employees: Please return this page to the Personnel Office.

PARENT OR GUARDIAN - Please sign below giving permission for your student to use Provo City School District Network Services.

As the parent or guardian of this student I have read the terms and conditions of this agreement. I understand access to the Network Services is a privilege and not a right, and is provided for educational purposes. However I also recognize it is impossible for Provo City School District to restrict access to all controversial materials. Therefore I will not hold the school, the school district, or any member of the school district responsible for inappropriate communication on the Network Services or for any objectionable material viewed or used by my student.

I hereby give my permission for my student whose name and signature appear above to use the Network Services in the Provo City School District and, where appropriate, to be issued a password and/or an account that will give them that access.

Parent or Guardian Signature _____ Date ____/____/____



WASATCH ELEMENTARY SCHOOL

Rene Cunningham, Principal

• (801) 374-4910

• 1080 North 900 East

• Provo, UT 84604

Permission Release

Re: Multimedia Capture and Distribution

This is to confirm that I am aware of and consent to the capture of printed, audio, video and still images of (student's name) _____ for Wasatch Elementary and/or Provo School District.

I further agree that the media can be reproduced, in whole or in part, in any communication medium used by Wasatch Elementary and/or Provo School District.

Parent or Guardian Signature:

Yes I Consent _____

No I Do Not Consent _____

Phone: _____ **Date:** _____