

STAFF & STUDENT ACCEPTABLE USE AGREEMENT FORM

I have read and understand this Acceptable Use Policy and agree to abide by it.

(Student Printed Name)

Grade Level

(Student Signature)

Date

I understand that my child's name, work, likeness, personal still and/or video image may be published for school related events.

I have read and discussed this Acceptable Use Policy with my child.

(Parent Printed Name)

(Parent Signature)*

Date

***If I disagree with any portions of the above agreement, I will contact the school office in writing.**