

Saranac Central School District Information Technology System Student Access Agreement

(Required for Independent Internet Search Activity Usage)

I. Student Section

Student Name _____ Grade _____

School _____

I have read the District's Information Technology System policy and regulations and agree to comply with them. I understand that if I violate the rules or regulations my access to the System may be suspended or terminated and I could be subject to disciplinary action.

Student Signature _____ Date _____

II. Parent or Guardian

I have read the District's Information Technology System policy and regulations and understand the importance of my child adhering to the provisions. I will discuss with my child the type of material which I do not want him/her to access in use of the System. I give my permission to the District to provide my child access to the System and release the District, its personnel, and affiliated institutions, from any and all claims or damages of any nature arising from my child's use of the System including, but not limited to, claims arising from acts prohibited by the District including accessing prohibited materials and sale and/or purchase of products and services.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Home Address _____

Telephone _____