

ASHLAND CITY SCHOOLS

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL OFFICE

I understand and agree to abide by the **District Network and Internet Access Guidelines**, and I also understand the **Frequently Asked Questions About the Internet** which were enclosed with this form. I understand that should I commit any violation, my access privileges may be revoked, and disciplinary action and/or appropriate legal action may be taken. I hereby release the Board of Education and its administrators and employees from any and all claims of any nature arising from my use or inability to use the district network and Internet/e-mail resources.

(Please sign and return to the building principal)

Student Name: _____

Grade _____

Signature of Student

Date

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As the student's parent or legal guardian, I understand the **District Network and Internet Access Guidelines** and the **Frequently Asked Questions About the Internet** which were enclosed with this form and agree to the provisions of the **District Network and Internet Access Guidelines**. I also understand that the district cannot guarantee that my child will not obtain access to those materials which may be objectionable if I permit my child to have independent access to the Internet. I also hereby release the Board of Education and its administrators and employees from any and all claims of any nature arising from my child's use or inability to use the district network and Internet/e-mail resources.

Signature of Parent/Guardian

Date

The district will not provide a student with independent access to the Internet/e-mail if this signed consent form is not on file. However, the district cannot guarantee that a student without permission for independent access will not gain access to the Internet by use of another student's access rights or by other unauthorized means.