

Computer Usage Form

To be returned to the office

Please sign the following agreement stating, you have read and fully understand the “Terms and Conditions for Computer Usage” of the Stanton Community Schools.

I agree not to hold the Stanton Community Schools, any of its employees or any institutions for networks providing access to the Stanton Community Schools liable; and I am solely responsible for my actions and performances in and around the computer lab; plus the use of the network system and the content of the material that I have access to.

Date_____

Students_____ Student’s Grade_____ S.S.N._____

Date of birth_____ Student’s Signature_____

Address_____

Home _____ Phone
No._____

I further understand that any violation of the district guidelines and conditions for the use of facilities of Stanton Community Schools and access to the internet could result in the termination of your child access to the computer lab resources. I further understand that I cannot hold the school, any of its employees or institutions for networks providing access to the Stanton Community Schools responsible for the performance of the system or the content of any material accessed through it.

Parent Signature_____

Work Phone Number_____

This form will be retained on file by the authorized faculty designee for duration of applicable computer/network/internet use.