

**Monroe Township Public Schools
Acceptable Use Policy Student Agreement Form
Williamstown Middle School**

****Please Complete BOTH SIDES and Return to School****

Student Section

Student Name (please print): _____

Grade (circle one) : 5 6 7 8

I have read the Monroe Township Public Schools' Student Acceptable Use Policy Rules and Procedures document. I agree to follow the rules contained in this policy. I understand that if I violate the rules my access can be terminated and I may face other disciplinary measures.

Student Signature: _____ Date: _____

Parent/Guardian Section

I have read the Monroe Township Public Schools' Student Acceptable Use Policy Rules and Procedures document.

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the electronic network. This includes, but is not limited to, claims that may arise from the unauthorized use of the network components.

I give permission for my child to access all components of the district electronic network which includes Internet access, computer services, videoconferencing, computer equipment and related equipment for educational purposes.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

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