

TECHNOLOGY, TELECOMMUNICATIONS AND INTERNET ACCEPTABLE USE
POLICY
FERNDAL AREA SCHOOL DISTRICT

Parents and Students:

Please read this with your student, sign and return the document to the school. Parents, the complete Policy is found at the website www.fasdk12.org/dispolicies.htm Please read it prior to completing this form.

Using the computer correctly and responsibly is very important. I promise to follow these rules:

1. I promise to use the computer carefully.
2. I will let my teacher know if someone is not following the computer rules.
3. I promise to only use the web pages and the programs that my teacher tells me to use.
4. I promise to ask for help if I don't know what to do.
5. I promise to tell an adult if I read or see something on the computer that is not appropriate.
6. I promise never to use the computer to hurt, frighten or bully others.
7. I promise to print only when my teacher tells me to.
8. I promise to use only my file or folder on the network.
9. I promise to only share my password with my teacher or parent.
10. I understand that if I break any of my promises, I might not be able to use the computers at school.

I have read the Acceptable Use Policy and have discussed it with my child. I understand that by **refusing this access** my child will not be able to use school technology to:

- Learn keyboarding skills in school
- Perform basic word processing, or use the Internet
- Conduct research on computers
- Search the school library catalogs for books/resources
- Publish student work
- Fulfill requirements for any computer based assignments
- Do computer presentations in class
- Use clickers or other classroom assessment technologies
- Store files

Return only this page

Student Name (Printed) _____

Grade _____

Student's Homeroom Teacher _____

I give permission for my child's image or likeness to be used on FASD website

(circle) YES NO

I give permission for my child's work to be published in connection with school related projects.

(circle) YES NO

I give permission for my child to use the FASD Network and the Internet.

(circle) YES NO

Parent Name Printed _____

Parent/Guardian Signature _____

Date _____