PARENT CONSENT FORM



Student & Parent Acknowledgement of Receipt and Understanding of Internet Acceptable Use Policy

Student

Student Last Name

I have read the Providence Public School Department's "Internet Acceptable Use Policy" and I understand and agree to abide by the terms of this request for network access, and the Providence School Department's rules for acceptable use of network resources. I understand that I am solely responsible for all charges and fees, including outside telephone, printing, and merchandise purchases made through the network. The Providence Public School Department is not a party to such transactions and shall not be liable for any costs or damages, whether direct or indirect, arising out of network transactions by the user. In addition, I acknowledge that the Providence Public School Department's computer network belongs solely to the Providence Public School Department and that any files, records, electronic mail or other communication may be examined, edited, or deleted by the Providence Public School Department at any time, in accordance with the Providence Public School Department's policy or regulations.

In general, electronic mail in personal accounts will not be inspected without the consent of the sender or a recipient, except as necessary to investigate a complaint. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken. In consideration for using the Providence Public School Department's network connection and having access to public networks,

I hereby release the Providence School District and its School Board members, employees, and agents from any claims and damages arising from my use, or inability to use, the network. I understand that the use of the internet is a privilege, not a right. I further understand that any violations of the above guidelines will result in immediate suspension of my internet privileges, and that as a result of such violations further disciplinary measures may be taken.

First Name

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Student Signature	Date
Parents I am the parent/guardian of the above named student. I have read the Providence Public School Department's "Internet Acceptable Use Policy" and I understand and agree to all of the provisions, rules, and regulations delineated within. I hereby give permission for my child to use the internet service provided by the Providence Public School Department. I do understand that my child is required to follow this policy. I further understand that there is a potential for my son/daughter to access information on the internet that is inappropriate for students and that every reasonable effort will be made on the part of the faculty and staff of the Providence Public School Department to restrict access to such information, but that my son/daughter is ultimately responsible for restricting himself/herself from inappropriate information.	
Parent Last Name	First Name
Parent Signature	Date