

**JACKSON PUBLIC SCHOOL DISTRICT
CODE OF STUDENT CONDUCT AND HANDBOOK 2018-2019**

**PARENT FORM C
Student Acceptable Use and Internet Safety Contract
(Board Policy JIAA)**

Student's Name _____ School _____

Home Address _____ Home Phone _____

Student Agreement

As the student, I certify that I have read the district's Acceptable Use and Internet Safety Policy. I understand and agree to follow all of the terms and conditions of the policy. I understand any violation of the district policy will result in the temporary or permanent loss of network and/or Internet access and/or my user account; may result in other disciplinary action; and may constitute a criminal offense. I agree to report any misuse of the Internet resources to the appropriate network administrator. In consideration for the privilege of using the district's computers, network, and Internet access, I hereby release and hold harmless the district and its employees, from any and all claims and damages of any nature arising from my use, or inability to use, the district's computers, network, or Internet access.

Printed Student's Name

Student's Signature

Date

**Parent Agreement
(For students under age 18)**

As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the Jackson Public School District's Acceptable Use and Internet Safety Policy for the student's access to the Jackson Public School District's computer network and the Internet. I understand that access is being provided to the student for educational purposes only. Although the district will utilize filtering software or other technologies to prevent students from accessing unacceptable content through the network or Internet, I understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this contract and agree to indemnify and hold harmless the school, the Jackson Public School District, the administrators, and teachers against all claims, damages, losses, and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the district's policy. I hereby give permission for my child or ward to use the approved account to access the computer network and the Internet.

Printed Parent's Name

Parent's Signature

Date

THIS SIGNED FORM SHOULD BE KEPT ON FILE IN THE SCHOOL OFFICE.