

LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, NY 11756

**STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES
(ACCEPTABLE USE POLICY)**

Student Agreement and Parent Permission Form

Student agreement must be renewed each academic year.

I. STUDENT SECTION

Student's Name (please print) _____ Grade _____

School _____ Homeroom/Class _____

I have read the Student Use of Computerized Information Resources Acceptable Use Policy. I understand and agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be suspended or cancelled and I may face other disciplinary actions, which may include expulsion, and/or appropriate legal action.

Student's Signature _____ Date _____

II. PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read the Student Use of Computerized Information Resources Acceptable Use Policy and grant permission for my son/daughter to computer access. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of my child's use in and outside of a school setting.

Parent's Name (please print) _____

Home Address _____ Phone # _____

Parent's Signature _____ Date _____