

**INTERNET USE, BRING YOUR OWN DEVICE (BYOD), AND SAFETY POLICY
STUDENT AGREEMENT**

Every student, regardless of age, must read and sign below.

I have read, understand, and agree to abide by the terms of the foregoing Internet Use, Bring Your Own Device (BYOD), and Safety Policy. Should I commit any violation or in any way misuse my access to the Autauga County School District's computer network and the Internet, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student Name _____
(PRINT CLEARLY)

Home Phone _____

Home Address _____

Student Signature _____

Date _____

Place an "X" in the correct blank:

I am 18 or older ____.

I am under 18 ____.

If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

**INTERNET USE, BRING YOUR OWN DEVICE (BYOD), AND SAFETY POLICY
PARENT(S)/GUARDIAN(S) AGREEMENT**

To be read and signed by parent(s) or guardian(s) of students who are under the age of eighteen.

Student Name _____
(PRINT CLEARLY)

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 Autauga County School District's Internet Use, Bring Your Own Device (BYOD), and Safety Policy for the student's access to the District's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child or ward's responsibility for abiding by the Policy. I am therefore signing this Policy and agree to indemnify and hold harmless the school, the District, teachers, and other staff against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his/her access to such networks or his/her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his/her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the building approved account to access the Autauga County School District's network and the Internet. Parent(s)/Guardian(s) Name _____

(PRINT CLEARLY)

Home Phone _____

Home Address _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____