

JC-67-B
Exp. 02/2016
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**The School District of Jackson County
Marianna, Fl. 32447
Parent Or Guardian Contract
Acceptable Use Policy**

As the parent or guardian of _____,
I have read the Terms and Conditions of the Jackson County School Board's Acceptable Use Policy. I understand that this access is designed for educational purposes including online testing. However, I also recognize it is impossible for the Jackson County School Board to restrict access to all controversial material or sites and I will not hold them responsible for materials acquired by my child or guardian from the network. <http://do3.jcsb.org/DistrictResources/Tech-Plan/AUP.pdf>

I certify that the information contained on this form is correct

Parent or Guardian Name (print) _____

Parent Signature: _____

Date: _____

This form must be signed by a Notary Public and returned to the school before your child will have access to the school network and the internet.

Signature of Notary Public

Typed, printed or stamped name of Notary

My Commission Expires

Notary Public Commission Number

**Student Network Contract
Acceptable Use Policy**

The Jackson County School Board's Network is an electronic network serving public education which accesses the Internet. The Internet is an information highway connecting thousands of computers all over the world and millions of individual people. I understand that I will have access to the Internet and with this access comes the availability of some materials that may not be considered to be of educational values within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a global network it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the world wide network far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate the attached Acceptable Use Policy and guidelines established by the Jackson County School Board, I will have my access to the network denied and terminated. My signature indicates that I have read the Acceptable Use Policy of the Jackson County School Board and that I understand the significance of the terms and conditions of the Policy.

Student Name (Please (Print)) _____

Student Signature: _____

Date: _____

Student ID Number _____ **Grade** _____

Initials (First, Middle, Last) _____ **DOB** _____