

— CLARK COUNTY PUBLIC SCHOOLS —
COMPUTER NETWORK ACCEPTABLE USE POLICY AGREEMENT FORM

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USER'S NAME (Print): _____
LAST FIRST MI

USER'S ADDRESS: _____
STREET/CITY STATE ZIP

USER'S DATE OF BIRTH: ____/____/____ **SCHOOL:** _____ **GRADE:** _____

HOMEROOM TEACHER: _____ **HOME PHONE:** _____

THIS USER IS A (CHECK ONE): STUDENT CERTIFIED EMPLOYEE CLASSIFIED EMPLOYEE GUEST USER*

*GUEST USERS: GIVE REASON FOR ACCOUNT REQUEST: _____

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ACCEPTABLE USE AGREEMENT
 As a User of the Clark County District Computer Network, I have read the Acceptable Use Policy and agree to comply with the Internet Access and Email Policy rules regulations as set forth in the document. I agree to communicate using the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary measure and/or legal action may be taken against me.

USER'S SIGNATURE: _____ **DATE:** _____

Requested Password: _____

PARENTAL APPROVAL
 As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access network computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

I agree to the following for my child (Check all boxes that apply to your decision):

Internet Access Account Individual or Class Email Account — OR — I DO NOT want my child to have any access

PARENT / GUARDIAN NAME (Printed): _____

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

NOTE: Federal Law requires the District to monitor online activities of minors.

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MEDIA / WEB PAGE RELEASE INFORMATION

Dear Parent/Guardian: At some time during the school year, school/district personnel or other district authorized persons may interview, audio tape, video tape, or photograph classroom activities or special events/projects that your child participates in during or after the school day. Such materials may be used for staff/student evaluations, educational or public awareness purposes, and may be viewed by other students and faculty/administrators and/or placed on the district's Internet web site or school Internet web sites. Please note that the media posed on these Internet web sites are available to the general public.

Please review this form carefully and indicate your preference in regard to interviewing, audio taping, video taping, or photographing your child. Then sign and date the document. The school/district assumes no responsibility for video tapes, audio tapes, or photographs, etc... that may be made by non-school personnel at public events. No personal video tapes, audio tapes, or photographs shall be allowed to be made by individual students.

If you choose not to allow your child to be interviewed, audio taped, video taped, or photographed, you assume responsibility for teaching that child to inform/remind teachers that he/she is not to be included in such activities. **Failure to sign Step 3 of this form will be regarded as a "YES" to allowing your student to be a part of any Clark County Public School media.**

____ **YES, I DO** give permission for my child to be interviewed, audio taped, video taped, or photographed for such material and related identification information (name, parent/guardian information, grade, school) to be released to appropriate media (including the district/school Internet web sites) for the purposes of recognizing my child's accomplishments or publicizing and promoting school activities.

____ **NO, I DO NOT** give permission for my child to be interviewed, audio taped, video taped, or photographed for such material and related identification information (name, parent/guardian information, grade, school) to be released to appropriate media for the purposes of recognizing my child's accomplishments or publicizing and promoting school activities.

____ **NO, I DO NOT** give permission for my child to be interviewed, audio taped, video taped, or photographed for such material and related identification information (name, parent/guardian information, grade, school) to be posted on the district/school Internet web sites.

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

NOTE: Once signed and dated, this form shall remain in effect during your child's enrollment in the Clark County Public School system. However, at any time you may amend this form for future uses/preferences only by notifying (in writing) the principal of your request.