

AGREEMENT OF UNDERSTANDING

School Name: _____

User Section

This section must be completed by ALL USERS of the Berlin-Boylston Public Schools Network regardless of age or position.

User Name:((Please print)_____ **Grade/Title:**_____

I have read the Berlin-Boylston Public Schools Network "Acceptable Use Policy" and agree to abide by its provisions. I understand that violation of these provisions will result in suspension or revocation of system/network access and privileges, legal action and financial obligations to the District for damages incurred.

User Signature:_____ **Date**_____

Parent and/or Guardian

This section is to be completed for all users under the age of 18.

I have read the Berlin-Boylston Public Schools "Acceptable Use Policy's I understand that this access is designed for educational purposes only. I recognize that it is impossible for the Berlin-Boylston Public Schools to restrict access to all controversial materials and will not hold the school district responsible for materials acquired on the computer network. I accept responsibility for my student's use of the Berlin-Boylston Public Schools Network and global Internet connectivity. I accept legal and financial responsibility for my child, and accept that the information contained on this form is correct. I hereby release the District, its operators and any institution with which they are affiliated from any and all claims and damages of any nature arising from my student's use, or inability to use, the Berlin-Boylston Public Schools Network.

I give my permission to issue an account for my student on the Berlin-Boylston Public Schools Network including the Internet and certify that the information contained on this form is correct.

Parent/Guardian Name: (please print)_____ **Date:**_____

Parent/Guardian Signature:_____ **Date:**_____

Parent or Guardian Failure to Consent

*This section must be completed if you **DO NOT WANT** your san/daughter to have Network access.*

I do not want my son/daughter to have access to the Berlin-Boylston Public School's Internet access.

I do not want my son/daughter to have access to the Berlin-Boylston Public School's Local network.

Student's Name: (please print)_____

Parent/Guardian Name: (please print)_____ **Date:**_____

Parent/Guardian Signature:_____ **Date:**_____

Original to be kept at each school.