



Agreement to Information Network Acceptable Use Policy

Student Name _____ Student ID _____ Grade _____ Date of Birth _____

I have read District [Policy AA445](#) – Student Information Network Acceptable Use Policy and agree to abide by its terms and conditions. I understand that violation of the use provisions stated in the policy may result in limitation, suspension, or revocation of network privileges and/or other disciplinary action by the school, Jordan School District, or by legal authorities.

✓ Student Signature _____ Date _____

As a parent or legal guardian of this student, I have read and discussed with my child District [Policy AA445](#) – Student Information Network Acceptable Use Policy. I understand that this access is designed for educational purposes. I also recognize that access to all controversial materials on a worldwide network cannot be controlled and I will not hold the District responsible for materials acquired on the network. I hereby give my permission for access to electronic information resources for my child.

✓ Parent Signature _____ Date _____