

**Oskaloosa School District Student AUP**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

**Please check the following statements and print and sign below.**

\_\_\_\_ I have read and understand the information provided about appropriate use of the technology at the Oskaloosa Community School District. I also understand that my child's work (writing, drawings, etc.) may occasionally be published on the Internet.

\_\_\_\_ I have read the Parent Portal Acceptable Use guidelines, and I agree to abide by and support these rules. I understand that if I violate any term of these guidelines, I may lose my privileges to use the Parent Portal and may be liable for civil and/or criminal consequences.

I understand that this form will be kept on file at the school.

\_\_\_\_\_  
*Parent name (print)*

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
*Parent signature*

Please review this policy with your child and have them respond to the following:

I have read the Acceptable Use Policy and agree to abide by these provisions. I understand that violation of these provisions may constitute suspension or revocation of Internet and/or technology privileges.

I agree to be responsible for payment of costs incurred by accessing any Internet services that have a cost involved.

\_\_\_\_\_  
*Student name (print)*

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
*Student signature*

**For Office Use Only:**

Date Received: \_\_\_\_\_ ID Verified with PP ID: \_\_\_\_\_