

Electronic Access/User Agreement Form

User's Name (last) _____ (first) _____ (initial) _____

User's Address _____

User's Age _____ Date of Birth _____ Sex ____ Phone Number _____

School _____

If applicable, User's Grade _____ Homeroom/Classroom _____

If applicable, User's Department/Office/Program _____

Please check: If you are a student staff/community member

As a user of the Boyle County District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) _____

User's Signature

Date

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PRIOR TO THE STUDENT’S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked 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.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child’s rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

The Office 365 e-mail solution is provided to your child/staff members by the District as part of the Office 365 service from Microsoft. By signing this form, you hereby accept and agree that your child’s rights to use the Office 365 e-mail service, and other Office 365 services as the Kentucky Department of Education may provide over time, are subject to the terms and conditions set forth in District policy/procedure as provided, and that the data stored in such Office 365 services, including the Office 365 e-mail service, is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the Office 365 ID provided to your child/staff member can also be used to access other electronic services that provide features such as online storage and instant messaging. Use of those Microsoft services is subject to Microsoft’s standard consumer terms of use (the Office 365 Service Agreement), and data stored in those systems is managed pursuant to the Office 365 Service Agreement and the Microsoft Online Privacy Statement. Before your child can use those Microsoft services, he/she must accept the Office 365 Service Agreement and, in certain cases, obtain your consent. Staff members are also subject to the above consent and will sign below.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian *Date*

Daytime Phone Number: _____ *Evening Phone Number:* _____

STUDENTS: RETURN THIS FORM TO YOUR SCHOOL OFFICE

NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR ONLINE ACTIVITIES OF MINORS.

STAFF: RETURN THIS FORM TO TECHNOLOGY DIRECTOR’S OFFICE

Signature Date

