

Student's Name _____ (Last Name) (First Name)
Parent or Guardian's Name(s) _____ Street Address _____
Home Phone _____

**Fentress County Schools Acceptable Use Policy
Student Permission Form**

Please sign and return this page to your child's teacher.

Student User Agreement:

As a student of the Fentress County Schools, I hereby agree to comply with the statements and expectations outlined in this document and to honor all relevant laws and restrictions.

(please initial each item and sign)

_____ agree to use the network responsibly

_____ grant permission to have my materials published to the school web page

Student Signature _____ Date _____

Parent/Guardian Permission:

As a parent, I have read and agree to the above Acceptable Use Policy. I grant permission for the above named student to access the Internet and have his/her materials published on the school web page. These permissions are granted for an indefinite period of time unless otherwise requested. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use-setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

Parent Signature _____ Date _____