



## Lincoln County School District

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### Acceptable Use Policy Contract

User's Name (Print):	
Last Name: _____	First Name: _____
User's School (If Applicable): _____	
Current Grade Level: _____	

- Please check if you are a:
- Student
  - Employee
  - Consultant/Other

By signing this contract, I acknowledge that I have a thorough understanding of the Lincoln County School District Acceptable Use Policy and agree to abide by all of its terms and conditions. I also understand that violation of the Acceptable Use Policy is unethical and may constitute disciplinary action as well as a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary or legal action may be taken.

Signature of User: \_\_\_\_\_ Date: \_\_\_\_\_

*Prior to students being granted access privileges, the following section must be completed for students under 18 years of age:*

#### **Parental Permission**

As the Parent/Guardian of a minor, I grant permission for my child to access the internet through the use of a school device and/or network. By signing this contract, I acknowledge that I have a thorough understanding of the Lincoln County School District Acceptable Use Policy and agree to all of its terms and conditions.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*This signed contract must be returned to the school and kept on file as a legal/binding document. Concerns regarding this policy should be addressed in writing to the Superintendent.*