

Acceptable Use Policy Authorization Form
Buckeye Central Local School District
(Students)

I have read and will abide by the Acceptable Use Policy established by the Buckeye Central Local School District. I understand I do not have an expectation of privacy and that the district may monitor all computer network activity. I understand the use of the Internet is a privilege, not a right, and inappropriate use may result in cancellation of my privileges. I further understand that any violation of the guidelines outlined above is unethical and could constitute a criminal offense. Shall I commit any violation, my access privileges may be revoked and disciplinary action and/or legal action may be taken. Signing this form affirms that I agree to follow all district guidelines outlined above.

This agreement will remain in effect until the student leaves Buckeye Central Local Schools or if the child's parent or legal guardian terminates the agreement. The parent or legal guardian of the student named in this agreement will notify the school in writing to terminate this agreement.

Student First Name (Printed): _____

Student Last Name (Printed): _____

Student's Signature: _____

Date: _____

Grade: _____

Graduation Class of: _____

As a parent/legal guardian of the signing above, I have read and understand the Acceptable Use Policy of the Buckeye Central Local School District.

Parent/Guardian Signature: _____

Date: _____

I give my child permission to participate in distance learning activities.

Parent/Guardian Signature: _____

Date: _____