

EAST STROUDSBURG AREA SCHOOL DISTRICT
50 Vine Street
East Stroudsburg, PA 18301

Acceptable Use of Communications and Information (CIS) Systems Policy #815

CIS Acknowledgment and Consent Form

Students

I have received, read, and understand the Acceptable Use of Communications and Information (CIS) Systems Policy #815, and will comply with it. Someone from the School District has also reviewed this Policy with me and my parents have reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s) about anything I do not understand, and I have received the information I requested. If I have further questions, I will ask the Director of Technology and my parents. Additionally, I understand that if I violate this policy, other related policies, regulations, rules, and procedures, I am subject to the School District's discipline and could be subject to ISP, as well as local, state and federal laws.

Name of Student

Student ID

Signature of Student

Date of Birth

Date of Signature

School/Grade

Parent(s)

As the parent of a student of the School District, I have received, read, and understand the Acceptable Use of the Communications and Information (CIS) Systems Policy. In addition, I reviewed this Policy with my child and answered questions he or she asked. If either my child or I have further questions, I will ask the Director of Technology. I agree to have my child comply with the requirements of this Policy, other related policies, regulations, rules, and procedures. Additionally, I understand that if (s)he violates this policy, other related policies, regulations, rules, and procedures (s)he is subject to the School District's discipline, ISP requirements, as well as local, state and federal laws.

Name of Parent

Signature of Parent

Date of Signature