

Ossining Union Free School District
District Acceptable Use Policy
Parent/Student Agreement for Use of the District Network-O.W.L.Net

Student Section

Student Name _____ Grade _____

School _____ Teacher _____

I have read the guidelines in the Ossining Union Free School District Computer Network Acceptable Use Policy and have discussed the rights and responsibilities with my parent/guardian. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, my access can be terminated and I may face other disciplinary measures.

Student Signature _____ Date _____
(Students Grade 3 and over)

Parent or Guardian Section

I have read the guidelines in the Ossining Union Free School District Computer Network Acceptable Use Policy. I have discussed the rights and responsibilities with my child.

I give permission for my child to have access to the Ossining Union Free School District Network, the Internet and e-mail.

Parent Signature _____ Date _____

Parent Name _____

Home Address _____

Telephone Number (H) _____ (W) _____