

INTERNET ACCESS CONDUCT AGREEMENT *Every student, regardless of age, must read and sign below:*

I have read, understand, and agree to abide by the terms of the Vision Charter School's District Electronic Resources Acceptable Use Policy. Should I commit any violation or in any way misuse my access to the District's computer network and/or the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (Print First/Last & Sign) _____

Status: Student _____ I am 18 or older _____ I am under 18 _____ If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian. (If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.) As the parent or legal guardian of the above named-student, I have read, understand and agree that my child shall comply with the terms of the District's policy regarding District-Provided Access to Electronic Information, Services and Networks for the student's access to the District's computer network and/or the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this Agreement and agree to indemnify and hold harmless the District, the Trustees, Administrators, teachers and other staff against all claims, damages, losses, and costs, of whatever kind, that may result from my child's use of his/her access to such networks or his/her violation of the District's policy. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting. I hereby give my child permission to use the building-approved account to access the District's computer network and the Internet.

I HAVE READ & UNDERSTAND THE STUDENT HANDBOOK & AGREE TO ABIDE BY ALL POLICIES THERIN.

Parent / Legal Guardian (Print): _____

Parent Signature: _____ Date: _____

2020-2021 VISION CHARTER MOBILE COMPUTING DEVICE AGREEMENT *Every student, regardless of age, must read and sign below:*

I have read, understand, and agree to abide by the terms of the Vision Charter School District's requirements regarding District-provided mobile computing devices. Should any violation or misuse of the device occur while it is in my custody, I understand and agree that I may lose access to the device, or may lose the privilege of taking it home, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person. I accept full responsibility for the safe and secure handling of the device for this school year. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to a teacher or administrator.

User's Name (Print First/Last & Sign) _____

Status: _____ I am 18 or older _____ I am under 18 _____ If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian: If the applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement. As the parent/guardian of the above student, I understand my child's responsibility in the use and care of the device and my financial responsibility in the event my student loses the device or is found to be the cause of deliberate or negligent damage to it. I understand that if he or she is found to be responsible for deliberate or negligent damage or for the loss of the device, I will be financially responsible for reasonable repair/replacement cost. I have read the District's requirements and explained it to my child. I understand that if any violation or misuse of the device occurs while it is in my child's custody, his or her access privileges to the internet or use of a mobile computing device can be suspended or terminated, that he or she will forfeit any fees paid for use of the device, and that he or she may face other disciplinary measures, regardless of whether the misuse was committed by him or her or by another person. I also understand that I will be responsible for monitoring my student's use of the device outside the school setting.

_____ I DO NOT wish my son/daughter to take the device home during 2020-2021

_____ **YES, I want the \$20 optional insurance** and have read the Vision Charter School Insurance Plan Information.

_____ **NO, I DO NOT want the \$20 optional insurance plan** and understand I will be fully responsible to pay for all repairs and replacements.

Parent/Legal Guardian (Print): _____

Parent Signature: _____ Date: _____

SCHOOL USE ONLY:

___ Paid by cash, check, money order and stapled to form