

**DIOCESE OF COLUMBUS TECHNOLOGY ACCEPTABLE USE POLICY AND
BWHS TABLET PC PARTICIPATION FORM**

SIGNATURE SECTION

Both student and parent or legal guardian must sign below. Parental or legal guardian signatures indicate you are granting permission for your child to have access to all District technology resources available for student use.

STUDENT SIGNATURE SECTION

I have read the Diocesan Department of Education Technology Acceptable Use Policy, and I agree to follow the rules contained in this policy. I understand the consequences if I choose to violate any of the rules.

Student Name (print) _____ HR _____ Student ID: _____

Student Signature _____ Date _____

PARENT/GUARDIAN SIGNATURE SECTION

As the parent or legal guardian of the student signing above, I have read this Technology Acceptable Use Policy and grant permission for my child to access the Diocesan Department of Education computer systems and technology resources. I understand that my child will be held liable for violations of this agreement. I understand that the Diocesan computer systems and technology resources are intended for educational purposes. I also understand that it is difficult for my child's school to restrict access to all controversial materials, and I will not hold the Diocese responsible for materials acquired on the network.

Students will be issued a tablet PC to be used in and away from school for the 2017-2018 school year.

I agree that the unit will be returned in equivalent condition at the end of the year.

I certify that the laptop will be protected through me (personally or via my own insurance coverage) in case theft/loss or major damage occurs. I am agreeing to participate in any ads or surveys associated with this program, and all Bishop Watterson High School rules and regulations outlined in the AUP in the school handbook apply to this program including disciplinary action for inappropriate or unauthorized use.

Parent/Guardian Name (print) _____ Date _____

Parent/Guardian Signature _____

Parents who do not want their student to have Internet Access must complete a form (sample below) and return to the office.

I do not wish my child to have Internet access privileges.

Student Name (print) _____ I.D.number: _____

Student Signature _____ Date _____

Parent/Guardian Signature _____