

STUDENT SIGNATURE: _

STUDENT ACCEPTABLE USE OF NETWORK AND ELECTRONIC MEDIA USER AGREEMENT

PARENT/GUARDIAN PERMISSIONS FORM

As a student user of Millington Municipal Schools' electronic resources, I hereby agree to comply with the rules as outlined in the *Student Acceptable Use of Network and Electronic Media Agreement* and to communicate over the network in an appropriate fashion while honoring all relevant laws and restrictions. I also agree that if I observe any illegal activities or misuse of the network, I will report those activities to my supervising teacher.

I understand that some objectionable materials may be understand that individuals and families may be held liable Internet use by setting and conveying standards for my somedia on an independent basis. Millington Municipal Schochild may gain by his or her inappropriate use of the Interne	for violations. I will daughter to follow whols cannot be respon	accept respons nen exploring o	sibility for guidance on n-line information and
I understand and accept the conditions stated and agree Millington, the Millington Schools Board of Education, and/liability associated with or arising from the above student's in	or their employees or	agents from a	ny and all claims and
As the parent or legal guardian of the minor student significant this contract, the Student Acceptable Use of Network Web Publishing and Media Coverage. I grant permissions for the parent of the par	and Electronic Med	ia Agreement a	and the description of
		AGREE	DO <u>NOT</u> AGREE
A. This student has permission to independently access the Interne	t (3 rd grade and older).		
B. Millington Schools has permission to publish this student's image, likeness or work, on the Internet			
C. Millington Schools has permission to allow unrestricted media co	verage of this student.		
*Check one choice for each permission and complete the followard and complete the following supplies supplies the following supplies the	wing.	DATE	
SCHOOL		GRADE/HOMEROOM	
NAME OF STUDENT	DATE OF BIRTH		
PLEASE RETURN THIS FORM TO SCHOOL	OL WITHIN FOUR (4)	DAYS OF REC	CEIPT
For Office Use Only:			
As the certifying official, the above named student has been	instructed on safe ar	nd acceptable u	se of the network.
DATE OF INSTRUCTION	SIGNATURE: CERTIFYING OFFICIAL		

Millington Municipal Schools offers educational and employment opportunities without regard to race, color, creed, national origin, religion, sex, age, or disability and adheres to the provisions of the Family Education Rights and Privacy Act (FERPA)