



Acceptable Use of Electronic Information Networks

My child and I have been given an opportunity to review and understand the District's Policy and Procedures regarding use of the electronic information networks. We understand that the wired and wireless network is provided for students to conduct research, complete assignments, and communicate with others. We understand that my child will have access to the Internet unless I request in writing to limit or remove their access. We agree to abide by the District's Policy and Procedures for electronic information systems. We acknowledge that failure to comply with the policy and procedures may result in the revocation of network use privileges. We acknowledge and agree that Lynden School District has the right to review, edit or remove any materials installed, used, stored, or distributed on or through the network or District's system. We hereby waive any right of privacy which my child may otherwise have to such materials. It should be noted that signature on the form acknowledges that the policies and procedures may be subject to change.

STUDENT	PARENT/GUARDIAN
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> PRINTED NAME OF STUDENT	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> PRINTED NAME OF PARENT/GUARDIAN (REQUIRED IF APPLICANT IS UNDER AGE 18)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SCHOOL NAME	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OF STUDENT	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OF PARENT/GUARDIAN
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE SIGNED	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> DATE SIGNED

This form is kept in the student's cumulative folder.
 Parent/Guardian Opt Out Form Available upon Request.