

COMPUTER POLICY ACKNOWLEDGMENT

PLEASE RETURN THIS SHEET TO YOUR CHILD'S TEACHER

I have read the above rules and agree to follow them. I understand the consequences of my actions which violate these rules, as set forth above, which may include loss of computer privileges up to suspension from school in accordance with the District's Code of Conduct.

Student Participant

Date

I have read the above rules and reviewed them with my son/daughter. Further, I will do my best to see to it that he/she follows these rules.

Parent/Guardian

Date

Address:

Telephone No.:

(home)

(business)