

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

Acceptable Use Contract

This form is to be completed by students after reviewing the district Acceptable Use Policy and all documents incorporated by reference. The completion of this form indicates that you have read the policy and understand the same. It also indicates that you agree to abide by the terms and conditions of the policy. Regardless of your age, this form must be signed both by you and a parent/guardian before you will be permitted to have access to the district computer system.

Student Name: _____

Date: _____

Parent/Guardian Name: _____

School:

East Brook

West Ridge

Jr./Sr. High School

Student Attestation

Student Initials

I understand and agree to accept and abide by the **Student Technology Acceptable Use Policy**. I also understand that if I fail to follow the policy, my access to the computer network, email services and the Internet, may be suspended. I may be subject to other discipline, and there may even be criminal consequences to my behavior depending upon the severity of my actions.

Parent Attestation

Parent Initials

As a parent/guardian of the student, above, I hereby give my permission for my child to access the district computer system, which includes access to the Internet and email. I have read the District Acceptable Use Policy, and I understand that my child is expected to abide by it. I understand that the district is employing filtering software, but that it is not always effective. I also understand that when my child is accessing the district computer system from outside of school, I am responsible to provide appropriate supervision.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____