

Steel Valley School District
STUDENT INTERNET USE/ACCESS PERMISSION FORM

*Please complete the following information and return it to your school.
Signatures needed below*

PERSONAL INFORMATION

Student's Full Name: _____ Date of Birth: _____
School: _____ Grade: _____

STUDENT/PARENT AGREEMENT

As long as I am a Steel Valley Student, I understand that Internet access is designed solely for educational purposes, and that I must use these resources only for educational purposes. The Steel Valley School District has taken reasonable precautions to supervise Internet usage by students. I have read and understand the **Guidelines**.

Student Signature: _____ Date: _____

Parental Consent - Required if student is less than 18 years of age.

In addition to the above student agreement, as a parent or guardian, I recognize that it is impossible for the district to control access by the students to all information or materials available on the Internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger Internet public. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of the disclosure of information on the Internet. I accept full responsibility for supervision of my child outside the school setting. With that understanding, I hereby give permission for my child to utilize the school Internet Electronic services. I hereby consent to the disclosure of the following information when related to an activity or an academic assignment within the Steel Valley School District Schools, in accordance with the Family Educational and Privacy Rights Act, 20 USC §1232g:

- Publication on the Internet of my child's creative efforts, including stories and artwork
- Use of my child's name in Internet and written publications
- Use of my child's picture in school/district Internet and written publications
- Use of my child's picture in school-approved publications and media events coverage

I certify that the information contained on this application is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Work Phone: _____ Home Phone: _____