

2011-2012
Fort Sam Houston Technology Resources
Student Acceptable Use Policy (AUP) Consent Form

Parent or Guardian

I have read the FSHISD Student Acceptable Use Policy Technology Resources. I will emphasize to my child the importance of following the rules for personal safety. In consideration for the privilege of my child using the District's technology resources, and in consideration for having access to public networks, I hereby release FSHISD, its personnel, and any institutions with which it is affiliated from any all claims and damages arising from my child's use, or inability to use, the system.

I give my child permission to access the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child's <u>work</u> to be displayed by FSHISD on the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for <u>photographs</u> of my child to be displayed by FSHISD on the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for <u>videos</u> of my child to be displayed by FSHISD on the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child's <u>first name only</u> to be displayed by FSHISD on the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child's <u>first and last name</u> to be displayed by FSHISD on the Internet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
I give permission for my child to use his/her personal electronic devices (smart phone, laptop, netbook, iPad, etc.) on campus for instructional purposes.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Parent Name (print): _____

Signature of parent: _____

Date: _____

Student

I have read the FSHISD Student Acceptable Use Policy for the Electronic Network. I understand that violation of these provisions may result in disciplinary consequences as well as suspension or revocation of access to any and all electronic devices and/or systems regardless of whether they are district-owned or personal.

Student Name (print): _____

Student Grade: _____

Signature of student: _____

Date: _____