



SARATOGA SPRINGS CITY SCHOOL DISTRICT

USER AGREEMENT AND PARENT/GUARDIAN PERMISSION FORM

As a user of the Saratoga Springs School District's computer system, I hereby agree to comply with the rules and regulations stated in the *Guide to Student Use of the District Computer System* while using the system in a responsible manner.

USER SIGNATURE _____ **DATE** _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access the district computer system, electronic mail and Internet services and other networked information resources. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable. I accept responsibility for setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

I agree to release the Saratoga Springs City School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter may have access to the DCS and I agree that this may include remote access from our home.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

Student Name _____
School _____
Date _____