

**ACCEPTABLE USE AND INTERNET SAFETY POLICY FOR THE COMPUTER NETWORK OF THE GALLIA COUNTY SCHOOL DISTRICT**

The Gallia County Local School District is pleased to make available to staff and student's access to the Internet, the world-wide network that provides various means of accessing significant educational materials and opportunities.

In order for the School District to be able to continue to make its computer network and Internet access available, all staff and students must take responsibility for appropriate and lawful use of this access. Staff and Students must understand that one misuse of the network and Internet access may jeopardize the ability of all to enjoy such access. While the School's teachers and other Staff will make reasonable efforts to supervise student use of network and Internet access, they must have student cooperation in exercising and promoting responsible use of this access.

Below is the permission form for the Computer Network and Internet Acceptable Use Policy ("Policy") of the Gallia County Local School District and the Data Acquisition Site that provides Internet access to Gallia County Local Schools. Upon signing and returning this permission slip, each staff member and student will be given the opportunity to enjoy Internet access at School and is agreeing to follow the Policy. **If a student is under 18 years of age, he or she must have his or her parents or guardians sign the Policy.** *The School District cannot provide access to any staff or student who, if 18 or older, fails to sign and submit the permission slip for the Policy to the School as directed or, if under 18, does not return the Policy as directed with the signatures of the student and his/her parents or guardians.*

**STUDENT'S/ STAFF'S AGREEMENT**

***Every student, regardless of age, must read and sign below:***

I understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

(Check One) _____ Student	_____ Gallia County Local School Staff
Student/Staff name (PRINT CLEARLY)	User (place an "X" in the correct blank):
_____	_____ I am under 18 _____ I am 18 or older
Student/Staff signature	Date
_____	_____

**Application Portion of Document:**

User's Full Name (please print) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Check One) \_\_\_\_\_ Student \_\_\_\_\_ Staff at \_\_\_\_\_

Address \_\_\_\_\_

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**PARENT'S OR GUARDIAN'S AGREEMENT**

**To be read and signed by parents/ guardians of students who are under 18:**

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the School District's Acceptable Use and Internet Safety Policy for the student's access to the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the School to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy. I am therefore signing and agree to indemnify and hold harmless the School, the School District and the Data Acquisition Site that provides the opportunity to the School District for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the School setting. I hereby give permission for my child or ward to use the building-approved account to access the School District's computer network and the Internet.

Parent or Guardian name(s) (PRINT) \_\_\_\_\_

Parent or Guardian signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Gallia County Local Schools  
Photography and Videotapes Release**

Child's Name: \_\_\_\_\_

Technology plays an important role in our schools. Students are exposed to a number of programs that will help them improve in academics. Gallia County Local Schools web site <http://www.gallialocal.org> features the faculty and staff, our classrooms and the many programs that are offered to our students and their families. We would like to celebrate student achievement by posting pictures on our web site, in newsletters and local newspaper articles, the school yearbook, school broadcasts, student of the month postings, etc. We would like to feature our students working together in the classroom and participating in school activities.

Your consent is required for your child to be included in any of the pictures or videotaping. Your child will not be identified by name except in the yearbook. The material will not be used for any commercial purposes and no payments will be made to the participants.

**To be completed by students eighteen or older:**

I am over the age of eighteen. I have read the foregoing and fully understand the contents thereof.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**To be completed by parents/guardians of students under eighteen years of age:**

\_\_\_\_\_ I give consent for my child to be included in any pictures taken. I know that they will not be used for any commercial purposes and will be used solely for displaying the dimensions of the program.

\_\_\_\_\_ I do not consent for my child to be included in any pictures. I understand that he/she will continue in the activities and remain out of the camera view during any photograph/ video sessions.

Parent or Guardian Printed Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_