

**MADISON CONSOLIDATED SCHOOLS
INTERNET USE AGREEMENT FOR STUDENTS FORM**

Please read and complete form. Turn sheet in to the Main Office.

Student Name: _____

Street Address: _____

Year of Graduation: _____

Teacher: _____

I have received and read the Madison Consolidated Schools Policy on Corporation-Provided Access to Electronic Information, Services, and Networks. I understand that violations of the policy may result of my access privileges and possible disciplinary action.

Student Signature: _____ Date: _____

Parent/Guardian:

I have received and read a copy of the Madison Consolidated Schools Letter to Parent or Guardian Regarding Internet as well as a copy of the Madison Consolidated Schools Policy on Corporation-Provided Access to Electronic Information, Services, and Networks, and agree to these policies. I understand that there are resources available on the Internet that may be considered inappropriate. I also understand that it may be possible for my student to purchase goods and services via the Internet for which I might be liable. I hereby give my permission for Internet access to be established for the above named student.

Parent/Guardian's Name: _____

Parent Signature: _____ Date: _____