

Loudonville-Perrysville Exempted Village School District
Computer Network, Internet Use, Internet Safety, and District-Owned Device Policy

The entire agreement may be viewed at
<http://www.lpschools.k12.oh.us/district/content-page/forms-information>
It is also part of each building's Student Handbook.

This user agreement is valid for the 2019-2020 school year.

Every user, regardless of age, must read and sign below:

I have read, understand and agree to abide by the terms of the foregoing Computer Network, Internet Use, Internet Safety, and District-Owned Device Policy. Should I commit any violation or in any way misuse my access to the School District's computer network and the Internet or misuse any school-owned and/or issued electronic device, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student Name (Print Clearly)	Grade	Phone
User Signature	Date	

Address _____
User (place an "X" in the correct blank): _____ I am under 18 _____ I am 18 or older
If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.

PARENT'S OR GUARDIAN'S AGREEMENT

Student's Name _____

To be read and signed by parents or 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 Computer Network, Internet Use, Internet Safety, and District-Owned Device Policy for the student's access to the School District's computer network and 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 this Policy 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 Clearly)	Home phone
Parent or Guardian Signature(s)	Date

Address _____

Please complete the 2019-2020 Publication Release Form on the other side of this sheet

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Release for Publication

The Loudonville-Perrysville EVSD believes it is important to publicize the activities and works of our staff and students. Our efforts to inform parents and community of our achievements include newspaper and newsletter articles, educational publications, and our district website. Student names in photo captions will be as follows:

- **First and last name - Loudonville Shopper, Ashland Times-Gazette, Wooster Daily Record and LP Schools newsletters**
- **First name only - District website**

I understand that the school may wish to publish examples of student projects, photographs of students, and other accomplishments. I fully understand that these may be used for a variety of publications, such as in community newspapers, school slide/picture presentations, brochures, Internet publications or other similar publications.

Please complete ONE section ONLY below.

I GIVE my permission for my student's picture and/or student work to be displayed or published by the school.

Student Name

Parent Signature

Date

Grade _____

I DO NOT GIVE my permission for my student's picture and/or student work to be displayed or published by the school.

Student Name

Parent Signature

Date

Grade _____

**COMPLETE THIS BOX
OR
THIS BOX**

Please complete the 2019-2020 Computer User Agreement on the other side of this sheet.