

Acceptable Use Procedures Agreement Form

Upon signing this agreement, I, a user of the digital network, acknowledge that I clearly understand the agreement and have no further questions as to the content and delivery of this Acceptable Use Procedure and agree to abide by agreement.

I, as a user of the Digital Network, also affirm that since I have no confusion over the content of this procedure, there will be no violation of this procedure or any other civil nor criminal laws relating to computer use.

I, as a user of the Digital Network, will indemnify the St. Johns County School District and hold harmless for violating St. Johns County District Schools Digital Network Acceptable Use Procedure which causes: 1) humiliation internally and with the public; 2) disruption of services; and, 3) civil or criminal liability.

I, as a Digital Network Acceptable Use Procedure user, waive any right to litigate an inadequate training claim or other negligence claim against St. Johns County Schools for not clearly understanding this procedure.

I understand that the written portion of the Acceptable Use Procedure must be signed annually by every St. Johns County School District employee, student/parent or external user. This written agreement for use and access to the St. Johns County School District Digital Network will be required in writing and kept on file at each school or district department.

Employee, Student or External User (Visitor) (Applies to all users)

User Name (please print): _____

School/Department or Visitor Affiliation: _____ (i.e., SAHS, IT Dept., Parent, Newspaper)

User Signature: _____ Date: _____

Parent/Guardian Permission (Required for students to operate or access District technology resources)

As the parent or guardian of this student, I have read, understand, and agree to the school district procedures relating to acceptable use of the St. Johns County School District Digital Network and the Internet. I hereby give permission for my child to use the St. Johns County School District Digital Network using the aforementioned procedures and certify that the information contained on this form is correct.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ Date: _____

Administrator's Approval (School or District Department Designee) (Applies to all users)

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network.

Administrator's Name _____ (please print):

Administrator's Signature: _____ Date: _____