

**East Hampton Union Free School District
Acceptable Use Policy - Parental Consent Form
Grades 5 – 12**

Parent or Guardian:

As the parent or guardian of _____, I have read and understand the district Acceptable Use Policy. I have reviewed these rules with my child and I am confident that they understand and will abide by them. I grant permission for my son or daughter to access the computer network and the Internet. I understand the East Hampton School District reserves the right to revoke the privilege of Internet access, computer access or both if deemed necessary.

Student's Birth Date: ____/____/____

Grade Level : _____ Teacher: _____ (Homeroom Teacher)

Parent Guardian's Name (Please Print) _____

Parent Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please return this form completed and signed to you child's homeroom teacher and keep the remainder of the document for your records.