

## Student Acceptable Use Policy for Internet/Network Services

I have read the Student Acceptable Use Policy for Internet/Network Services and agree to abide by the provisions contained within the document. I understand that I can be disciplined if I violate the Student Acceptable Use Policy for Internet/Network Services. Such discipline may consist of the revocation of Internet/network access up to and including suspension, expulsion and/or legal action based on the seriousness of the violation.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

School \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Internet/Email Usage \_\_\_\_\_ Yes \_\_\_\_\_ No

***\*By choosing No your child will be excluded from Internet/Email resources even if these activities are an integral part of the educational activities being pursued at the school.***

***\*\*Please detach this page after signing and have the student return it to the homeroom teacher***

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## COPPA and Online Resources Agreement

The Children's Online Privacy Protection Act (COPPA) requires websites to gain parent permission for users under the age of 13 and/or 18 before creating individual online accounts. Many educational sites used by Fort Payne City Schools require student accounts and, thus, parental permission. To view the "FPCS Approved Online Tools and Resources" list, go to the **Parent Information Section** on the District website.

I give permission for the school system to upload the basic directory information of my child in order to create an account on these educational websites.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Video Conferencing Call Permissions

I give permission for my child to participate in group (class/school) video conference calls while in class/school during the 2019-2020 school year. I understand that this is for instructional purposes only, and that my child's teacher or school administrator will be leading the session. Students will be visible to other participants in the video call. Students will be able to ask/answer questions during the video call.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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