



Williamsburg County School District

"Imagine Greatness"

Post Office Box 1067 • Kingstree, South Carolina 29556
Telephone (843) 355-7832 Fax (843) 355-3213
www.wcsd.k12.sc.us

Dr. Angela Jacobs, Interim Superintendent
Ernest Young, IT Director

WCS D Student Network/Internet

Acceptable Use of Policy

The Williamsburg County School District's Network(s) provide access to the network(s)/Internet services for educational purposes. The Internet is an information highway connecting thousands of computers all over the world. I understand that I will have access to the Internet, and with this access comes the availability of some material that may not be considered to be of educational value within the context of the school setting.

Efforts will be made to direct students to educationally related material. However, on a telecommunications network(s), it is impossible to control all materials and sites. I believe that the valuable information and interaction available on the network(s)/Internet services far outweigh the possibility of users gaining access to sites that are not acceptable.

I understand that if I violate these guidelines established by the Williamsburg County School District, I will have my access to the network(s) services denied and terminated. My signature indicates that I have read the Student Network/Internet Acceptable Use Policy of the Williamsburg County School District and that I understand the significance of the terms and conditions of the Policy.

Student Name: _____ Student Signature: _____
(Please Print)

School: _____ Grade: _____

As a parent or guardian of _____, I have read the Terms and Conditions of the Williamsburg County School District's Student Network/Internet Acceptable Use Policy. I understand this access is designed for educational purposes. I understand that some materials on the telecommunications network may be objectionable, but I accept responsibility for the guidance of network-use settings and conveying standards for my daughter or son to follow when selecting, sharing, or exploring information and media.

I understand that this permission will be in effect for the duration of my child's educational experience at school. As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked telecommunication services.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(Please Print)

Date: _____