

# Ingram Independent School District

Acceptable Use Policy Signature Sheet for students  
2024-2025 School Year

**ALL STUDENTS ARE REQUIRED TO SIGN AND RETURN THIS PAGE BEFORE THE USE OF ANY TECHNOLOGY EQUIPMENT (PERSONAL OR DISTRICT-OWNED) IS ALLOWED AT INGRAM ISD.**

**STUDENT AGREEMENT:**

As a user of the School's technology resources, I understand and agree to comply with the netiquette and appropriate use guidelines outlined in the Acceptable Use Policy for Students.

**CONSEQUENCES FOR VIOLATION OF THIS AGREEMENT:**

Should I commit a violation, I understand that consequences of my actions could include suspension/loss of Computer privileges or data and files, disciplinary action, and/or referral to law enforcement.

**Student Name (print):** \_\_\_\_\_

**Student Grade:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

As the parent or guardian of this student, I have read the Technology Resources [CQ (LOCAL)] and the Acceptable Use Policy for Students. I understand the conditions for use of the network and Internet resources provided by Ingram ISD and that access to technology resources are provided for the purpose of promoting education excellence in keeping with the academic goals of the District, and that student use for any other purpose is inappropriate. I recognize it is impossible for the District to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network.

I understand that my child is responsible for any transactions that occur under his or her user ID or account, that any violation of that policy will be considered a violation of the Student Code of Conduct, and that my child may be denied access to the district's technology resources in addition to any other disciplinary action.

By signing this form, I hereby give permission to allow my child to use the IISD Network and to allow Internet access. I also understand and give permission to allow the school to publish examples of my student's projects or publish photographs/video of my child participating in school related activities in district media or share with local media outlets. I certify that all the information contained in this form is correct.

I hereby give permission for my child to use technology resources at the Ingram Independent School District.

**Parent/Guardian's Name (print)** \_\_\_\_\_

**Parent/Guardian's Email Address** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_