

ACCEPTABLE COMPUTER SYSTEM USE AGREEMENT

Each employee must sign this Agreement as a condition for using the Essex County Public School Division’s computer system. Each student and his or her parent/guardian must sign this Agreement before being permitted to use the School Division’s computer system. Read this Agreement carefully before signing.

Prior to signing this Agreement, read Policy GAB/IIBEA and Regulation GAB-R/IIBEA-R, Acceptable Computer System Use. Employees also read regulation GAB-R2. If you have any questions about this policy or regulation, contact your supervisor or your student’s principal.

I understand and agree to abide by the Essex County Public School Division’s Acceptable Computer System Use Policy and Regulation. I understand that the Essex County Public Schools Division may access, monitor, and archive my use of the computer system, including my use of the internet, e-mail and downloaded material, without prior notice to me. I further understand that should I violate the Acceptable Use Policy or Regulation, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

Student/Employee Signature _____ Date _____

Student/Employee Name _____

(Please Print)

I have read this Agreement and Policy GAB/IIBEA and Regulation GAB-R/IIBEA-R. I understand that access to the computer system is intended for educational purposes and the Essex County Public Schools Division has taken precautions to eliminate inappropriate material. I also recognize, however, that it is impossible for the Essex County Public Schools Division to restrict access to all inappropriate material and I will not hold the Essex County Public Schools Division responsible for information acquired on the computer system. I have discussed the terms of this agreement, policy, and regulation with my student.

I grant permission for my student to use the computer system in accordance with Essex County Public Schools Division’s policies and regulations and for the Essex County Public Schools Division to issue an account for my student.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

(Please Print)