

*Sandy Mers, Superintendent*

*Scott Holstein, Assistant Superintendent*

## Center for Alternative and Progressive Education

Phone: 740-354-0298

### **ACCEPTABLE USE AND INTERNET SAFETY POLICY**

#### **STUDENT'S AGREEMENT**

**Every student, regardless of age, must read and sign below:**

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to CAPE's computer network and the Internet, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me.

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Student Name **(PLEASE PRINT)**

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Student Signature

Grade Level \_\_\_\_\_ School Year \_\_\_\_\_ 1<sup>st</sup> Period Teacher \_\_\_\_\_

User (place an "X" in the correct blank): I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_

*\*If I am signing this Policy when I am under 18, I understand that when I turn 18, this Policy will continue to be in full force and effect and agree to abide by this Policy.*

#### **PARENT'S OR GUARDIAN'S AGREEMENT**

**To be read and signed by parents or guardians of all CAPE students:**

As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of CAPE's Acceptable Use and internet Safety Policy for the student's access to CAPE's computer network and/or Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for CAPE to restrict access to all offensive and controversial material and understand my child's or ward's responsibility for abiding by the Policy. I am therefore signing this Policy and agree to indemnify and hold harmless CAPE, the SCOESC, and the Data Acquisition Site that provides the opportunity to CAPE for computer network and Internet access against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if/and when such access is not in the School setting.

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Parent/Guardian **(PLEASE PRINT)**

**SIGNATURE**

**DATE**