

TERMS AND CONDITIONS FOR USE OF AUGUSTA COUNTY PUBLIC SCHOOLS NETWORK

All students and parent/guardian of a child entering kindergarten, 6<sup>th</sup> grade and 9<sup>th</sup> grade will sign this AUP upon entrance to Augusta County Schools, and all students transferring into Augusts County school division for the first time. All higher education student teachers and practicum students accepted into an ACPS will sign this agreement.

**DIRECTIONS:** After reading the Terms and Conditions for Augusta County Public Schools Network, please read and fill out the appropriate portions of the following contract completely and legibly. The signature of a parent or guardian is required. Please return the contract to your ACPS administrator. This is a legally binding document and will kept on file at the school.

**STUDENT, EMPLOYEE, STUDENT TEACHER OR PRACTICUM TEACHER INFORMATION** (Please Print)

**SCHOOL NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Expected year of graduation from the 12th grade:** \_\_\_\_\_ (if applicable)

**ACPS in which placement was approved.** \_\_\_\_\_ **Placement beginning date** \_\_\_\_\_ **end date** \_\_\_\_\_  
(for Student Teacher and Practicum Teacher) **Supervising Teacher** \_\_\_\_\_

***ACKNOWLEDGEMENT AND CONSENT FORM***

As a student enrolled or a teacher or practicum teacher placed in an Augusta County Public School, I have received, read, understand and will abide by the Guidelines for Acceptable Telecommunications and Internet Use. I understand that any violation of the Augusta County Public School policies or the Guidelines may result in my access to the Network being suspended, restricted and/or terminated and that disciplinary action and/or appropriate legal action also may be taken. I also acknowledge that Network access is a privilege as opposed to a right or entitlement and may be restricted, suspended or terminated at any time.

\_\_\_\_\_  
**Student's, Student Teacher or Practicum  
Teacher Printed Name**

\_\_\_\_\_  
**Student's, Student Teacher/Practicum Teacher  
Signature**

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

**PARENT OR GUARDIAN:** As the parent or guardian of this student, I have read the Terms and Conditions for the Augusta County Public Schools Network. I understand that this access is designed for educational purposes and that the administrators of the Augusta County Public Schools Network have taken reasonable precautions to filter controversial material and to educate my child about Internet safety. However, I also recognize it is impossible for the Augusta County Public Schools Network to restrict access to all controversial materials and I will not hold them responsible for materials accessed by my child's use of the Network. I accept responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct.

\_\_\_\_\_  
**Parent or Guardian Name (Please print)**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Work telephone number**

\_\_\_\_\_  
**Home telephone number**

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