

10.0 Principals will be informed of any serious infraction of the Student Acceptable Use of Technology Policy. Disciplinary actions of a student will be handled in accordance with the discipline policies of the Board and the school.

11.0 Users will abide by the Acceptable Use of Technology Agreement and refrain from unlawful activity.

APPENDICES

Appendix A: Unlawful Activity

Appendix B: Form AT1 Student Acceptable Use of Technology Agreement Grades K-3

Appendix C: Form AT2 - Student Acceptable Use of Technology Agreement Grades 4-8

Appendix D: Form AT3 - Student Acceptable Use of Technology Agreement Grades 9-12

Appendix E: Form AT4 Electronic Mail Agreement

References:

Policy 520 Safe Schools Code of Conduct

Policy 520 Safe Schools Code of Conduct Management Guideline

Policy 535 Progressive Discipline and School Safety

Policy 535 Progressive Discipline and School Safety Management Guideline

Policy 607, Electronic Communications System

Policy 608, Computer Network Security

The Education Act

The M M M

Obscenity

STUDENT ACCEPTABLE USE OF TECHNOLOGY AGREEMENT

ELECTRONIC MAIL AGREEMENT

I have read and Superior-
of Technology Agreement (the Agreement) and recognize that it is based on Policy and
d that these

I understand that the Board limits the duration for which student accounts can exist in order to
optimize the use of Board resources.

I will review the Student Acceptable Use of Technology Agreement and the associated areas of the
School Code of Behaviour and/or Board Policy with students prior to requesting e-mail accounts for
students

I will advise my students that the Board will from time to time and without prior notice to the student,
access

PRINCIPAL OR TEACHER NAME (PRINTED): _____ (Please Print)

PRINCIPAL OR TEACHER SIGNATURE: _____ DATE: _____

SCHOOL: _____ GRADE LEVEL AT TIME OF SIGNATURE: _____

OPTION 1 OR 2

Option 1: IS THIS EMAIL USED FOR THE STUDENTS ENTIRE SCHOOL ATTENDANCE? YES: _____ NO: _____

IF YES, STUDENT NAME: _____ (Please Print) STUDENT SIGNATURE: _____

PARENT NAME: _____ (Please Print)

PARENT SIGNATURE: _____ DATE: _____

Option 2: ONLY USED FOR DURATION OF PROJECT: (FROM) _____ (TO) _____

CONSENT

I have verified that the students listed below have signed Student Acceptable Use of Technology
Agreement forms on file.

I understand that these email accounts will be deleted on the project end date indicated above.

Student Names (Please print below or attach list6tE571 0000912 l3880.00000912 0 612 792 reWB/F4 9.96 Tf1 0 0 1 72.0