

STUDENT USE OF COMPUTERS, DEVICES AND THE INTERNET
Goffstown School District
Student Technology Responsible Use Rules
(Continued)

This authorization will be in effect for the duration of the student's enrollment in the Goffstown School District.

Student/Parent Sign Off

I have reviewed the Technology Responsible Use Rules with my student and understand that they are expected to comply with the rules and Policies stated within the Code of Conduct. I understand my consent to Policy JICL applies to the current policy as presented and any revisions made by the School Board in the future.

Student's Name: (please print): _____ School: _____

Student Signature: _____ Date: ____/____/____

PARENTS/GUARDIANS

(If you are under the age of 18 a parent or guardian must also read and sign this agreement)

Parent/Guardian Name: (please print): _____

Signature: _____ Date: ____/____/____