

Hoosick Falls School District USER ACCOUNT AGREEMENT

USER SECTION (to be filled out by the user)

Your Name (First and last printed) _____ Date _____

Grade _____

I have read the Hoosick Falls School District Network/Internet Policy @

<http://www.hoosickfallscsd.org/resources/internetpolicy.pdf>. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

User's Signature (cursive) _____ Date _____

Your user id will be your last name and first letter of your first name all in lower case without any spaces (i.e. Bob Jones –jonesb)

In the space below PRINT the password you wish to use. **It must be 5-9 letters/numbers long. No spaces and all lower case.**

I want my password to be _____

REMEMBER: **You** are responsible for keeping your password private. **You** will be held responsible if someone uses your password. You can have your password changed at any time. To do so, write a note requesting a password change. In the note write your name and new password. Put the note into Mr. Colwill or Mr. Breese's mailbox.

PARENT/GUARDIAN SECTION(to be filled out if user is less than 18 years old)

I have read the Hoosick Falls School District Network/Internet Policy. (If remote access is provided—I will supervise my child's use of the system when my child is accessing the system from home.)

I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the district policy. I will emphasize to my child the importance of following the rules for personal safety.

I give my permission to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature _____ Date _____

Parent Name(printed) _____

Address _____ Phone _____