

STUDENT ID #: _____ STUDENT NAME: _____
(Please print) Last (Please print), First (Please print)

STUDENT AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

Student Section

I understand and will abide by the Belleville Township High School District 201 *Student Authorization for Electronic Network Access*. I understand that the district and/or its agents may access and monitor my use of the Internet, including e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the district's electronic network connection and having access to public networks, I hereby release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

USER SIGNATURE: _____ DATE: _____

Parent/Guardian Section

I have read the Belleville Township High School District 201 *Student Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed this authorization my child. I hereby request that my child be allowed access to the Belleville Township High School District 201 Electronic Network.

PARENT/GUARDIAN NAME (Please print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OVER 

STUDENT ID #: _____ STUDENT NAME: _____
(Please print) Last (Please print), First (Please print)

AUTHORIZATION FOR USING A PHOTOGRAPH OR VIDEOTAPE OF A STUDENT

Parent/Guardian Section

I grant consent to Belleville Township High School District 201 to identify a picture of my child or ward, by full name and/or the school he or she attends, in a any school-sponsored material, publication, videotape, or website. This consent is valid for the entire time my child or ward is enrolled in Belleville Township High School District 201. I may revoke this consent at any time by notifying the Building Principal in writing.

PARENT/GUARDIAN NAME (Please print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Pictures of students taken by non-school agencies: While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

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