

**Student Acceptable Use Policy (AUP) Benton County Schools**  
**AGREEMENT and SIGNATURE PAGE**

**Student's Name** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Home Room Teacher** \_\_\_\_\_

**TEACHER**

I, \_\_\_\_\_, Teacher at \_\_\_\_\_  
School, request that the above named student be given Internet access. I understand that  
the Internet is a reference tool to be used in conjunction with other resources to complete  
curriculum goals.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN**

I, \_\_\_\_\_, am the parent/guardian of the above named  
student. I have read and understand the AUP (Acceptable Use Policy) and will abide by  
the terms and conditions as stated and I hereby give permission for my child to use the  
Internet as accessed through the system BentonNet. I understand that my child is required  
to follow the AUP. I further understand that there is potential for my child to access  
information on the Internet that is inappropriate for students and that every reasonable  
effort will be made on the part of the faculty and staff of the Benton County School  
District to restrict access to such information, but that my child is ultimately responsible  
for restricting him/herself from inappropriate information. I understand that some Internet  
violations are unethical and may constitute a criminal offense resulting in legal action. I  
understand that access to the Internet will be supervised by Benton County School District  
personnel and that provisions of this agreement will be reviewed with students. I further  
understand that the Benton County School District is not responsible for the actions of  
individual users or the information they may access.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

**STUDENT**

I, \_\_\_\_\_, have read and understand the AUP  
(Acceptable Use Policy) and will abide by the terms and conditions as stated. I understand  
that any violation of the AUP guidelines will result in disciplinary measures, which will  
include restrictions on or removal of my Internet use.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## WITHDRAWAL OF PERMISSION FORM

### Student Acceptable Use Policy (AUP) Benton County Schools

I, \_\_\_\_\_, the parent or legal guardian of the below named student, do hereby withdraw my permission for my child to access the Internet through the Benton County School District System – BentonNet. Henceforth, my child may not use BentonNet to access the Internet unless and until I send a new appropriately completed and signed AUP (Acceptable use Policy) to the school.

#### **Student Information**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Room Teacher \_\_\_\_\_

#### **Parent/Guardian Information**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature