

Coffee County School System Student Acceptable Use Policy (AUP)rev.2018

Acknowledgement /Parent Permission Form

I (student name) _____ have read and agree to comply with the Coffee County School System Acceptable Use Policy. I understand that any violation of this policy may result in disciplinary action and the removal of computer access privilege.

Student School _____

Student Signature _____

Date _____

Parent/Guardian Acknowledgement and Permission

As a parent or legal guardian of the above student, I understand that the Coffee County School System provides my student with internet access and access to digital resources. I understand that CCSS has implemented technology protection measures including filtering and monitoring to prevent students from accessing inappropriate materials on the Internet, but that such measures may not be one hundred percent effective at all times and it is impossible to restrict access to all controversial content. With this understanding I grant permission for my student to access the Internet. I also understand that CCSS provides my student with robust digital resources for classroom instruction that have been found to meet the Federal Trade Commissions' (FTC) regulations in regard to the Child Online Privacy Protection Act (COPPA). Some of these resources may require student login credentials, which I authorize at the teacher's discretion. A list of district-approved websites can be found at the district's website at www.coffeecountyschools.com under the COPPA heading. I understand that the CCSS AUP restrictions and guidelines are necessary component in protecting my child from exposure to inappropriate materials and from participating in inappropriate activities. I understand that any violation of this policy may result in disciplinary action and the removal of computer access privilege for my student.

Please circle your choice concerning the statement below:

My child can be featured in local broadcast and print media, on the school or school district web site, and in district publications and programs. Only Photo and name will be given. **Yes | No**

Printed Name of Parent/Guardian _____

Signature _____ Date _____