

524 F1
ADOPTED: 10/02/00
REVISED: 04/04/05
REVISED: 03/26/07
REVIEWED: 03/23/09
REVISED: 06/14/10
REVIEWED: 03/14/11
REVISED: 04/25/11

TECHNOLOGY USE AGREEMENT FOR STUDENTS
Inver Grove Heights Independent School District 199

STUDENT APPLICATION PORTION OF DOCUMENT

User's Full Name (*please print*): _____

Home Address: _____
Street Address, City, State, Zip code

Home Phone: _____ Cell Phone: _____

I am an Inver Grove Heights School District 199 student and will graduate in: _____

I have read Policy 524 titled Technology Acceptable Use and Safety Policy. I have reviewed section V. titled Unacceptable Uses and the Student Information Communication Technology Use Rules and I understand or have had this information explained to me and will abide by the Policy.

User Signature: _____ Date: ___/___/20__

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

As the parent or guardian of this student I have read and understand the Technology Acceptable Use and Safety Policy. I understand that this access is designed for educational purposes. I also recognize it is impossible for Inver Grove School District to restrict access to all controversial materials and will not hold them responsible for materials acquired on the network. I hereby give permission for my child to access and use technology and certify that the information contained on this form is correct.

It is the parent or guardian's responsibility to supervise students at home even while doing school assigned projects.

Parent or Guardian Name: (*please print*) _____

Signature: _____ Date: ___/___/20__

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TECHNOLOGY USE AGREEMENT FOR STAFF
Inver Grove Heights Independent School District 199

STAFF APPLICATION PORTION OF DOCUMENT

User's Full Name (*please print*): _____

Home Address: _____
Street Address, City, State, Zip code

Home Telephone: _____ Work Telephone _____

Cell Number: _____

STAFF MEMBER:

I have read the Policy 524 titled Technology Acceptable Use and Safety Policy. I have reviewed section V. titled Unacceptable Uses and I understand and will abide by the Policy.

All employees, faculty and staff of the ISD 199 school district who use district authorized web 2.0 tools shall not post any data, documents, photographs, or inappropriate information on any site that might result in a disruption of classroom activity. This determination will be made by the building administrator and superintendent. Employees, faculty and staff shall not provide the passwords for any district sites to any student. Fraternization via the Internet between employees, faculty or staff with students is prohibited, and violation of any of these policies may result in disciplinary action, up to and including termination. Nothing in this policy prohibits employees, faculty, staff or students from using district monitored or district authorized web 2.0 tools such as the district Moodle or district Wiki site. These sites are for educational purposes only. Access of non-authorized networking web 2.0 tools for individual use during school hours is prohibited.

Furthermore, I agree that students that use technology under my direction will be closely and directly supervised during the school day.

Staff Member Name: (*please print*) _____

Signature: _____

Date: ____/____/20__