

**ACCEPTABLE USE POLICY AGREEMENT  
FOR COMPUTING AND INFORMATION TECHNOLOGY RESOURCES**

I have reviewed the Acceptable Use Policy and agree to adhere to these guidelines.

School: \_\_\_\_\_

Student's Name (Please print): \_\_\_\_\_

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

Date: \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION (mandatory)**

I have reviewed the Scotch Plains-Fanwood Public School Acceptable Use Policy with my  
child \_\_\_\_\_

(name)

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

Date: \_\_\_\_\_