

**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: _____

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: _____