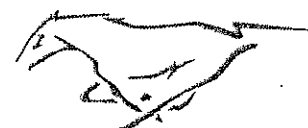


# Eldon Middle School

Shaun Fischer, Principal  
Ski Hull, Assistant to the Principal/AD  
1400 North Grand Eldon, Missouri 65026  
Phone 573.392.8020 Fax 573.392.9151



## RELEASE OF STUDENT'S SCHOOL RECORD PERMISSION FORM

DATE \_\_\_\_\_

STUDENTS FULL NAME \_\_\_\_\_

DOB \_\_\_\_\_

GRADE \_\_\_\_\_

NAME OF SCHOOL LAST ATTENDED \_\_\_\_\_

SCHOOL FAX NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

SCHOOL PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

To enable us to complete our records, please send the following information:

1. A record of scholastic achievement
2. Health records.
3. Scores on intelligence and achievement
4. Diagnostic Summary and IEP, if applicable
5. Discipline records

Band :

Choir :

Sped :

Math :

The Family Rights and Privacy Act, Buckley Amendment, Section 99.30, Paragraph (b) states that schools where a student intends to enroll DO NOT need to have a consent form signed for transfer of school records.

Please return this information to: Eldon Middle School  
Attn: Office Personnel  
1400 North Grand  
Eldon, MO 65026

Email: [Shyla.Prater@EldonMustangs.org](mailto:Shyla.Prater@EldonMustangs.org)  
Phone #: (573) 392-8020  
Fax #: (573) 392-9151

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**ELDON R-I SCHOOLS ENROLLMENT INFORMATION**

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

Race: (please check) White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Indian \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

IF PO BOX is used, please list actual street address above: PO BOX # \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian (in home) or whom you are living: Are you a registered voter? YES NO

Parent 1 Information: \_\_\_\_\_ Relation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian 2 Information \_\_\_\_\_ Relation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Please list all siblings in Eldon Schools and their ages: \_\_\_\_\_

Are there currently any court orders dealing with custody or visitation? YES NO

IF YES, please provide the school with a copy. We CANNOT honor without documentation.

Emergency Contacts:

1.Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

2.Name \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Parent out of the home (if applicable): \_\_\_\_\_ Relation: \_\_\_\_\_ Home #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Would this parent like a grade card sent to them? YES NO If yes please provide address

Previous school attended (name of school in what State): \_\_\_\_\_

Previous school address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle the county in which you live: MILLER MORGAN MONITEAU

Circle the district in which you live: ELDON R-I HIGH POINT OTHER

Does the student use a language other than English? YES NO If YES, what language? \_\_\_\_\_

Is a language other than English used in the home? YES NO If YES, what language? \_\_\_\_\_

Are you or an immediate family member in the Military? (circle one) Active Duty National Guard or Reserve

Are you currently living in a temporary residence because your home has been damaged or economic hardship? (e.g. motel, hotel, car, campsite, shelter)? YES NO

Are you currently living with another family (doubled up) due to loss of housing, economic hardship, or a similar reason? Explain if it is a similar reason. YES NO

Explain: \_\_\_\_\_

Has your family moved within the past 3 years to seek or obtain temporary or seasonal agricultural or food processing work?

YES NO

# ICU Database

At the Eldon Middle School we use a program called the ICU Database. This program allows us to notify you through text message and email that your student is missing an assignment. The term ICU may seem alarming to some, but the intention is much the same way that a virus devastates the immune system.

When we place a student on "the list," not only are you notified, but the entire staff can see that the student needs to complete an assignment. Now instead of one teacher being responsible for caring about the missing assignment, the entire building (including coaches, counselor, tutors, etc.) can help guide the student's grade back to good health.

The fundamental goal of this program is to build an army of support behind the students. We want to keep you informed of your students' progress in real time. To do this we are asking you to give us the best phone numbers and email addresses to contact you. If you have another person that is better to contact feel free to list their number to email instead. Please know that when a student is on the list they are not "in trouble," rather it allows both parents and the school to take preventative action from failing grades.

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact 1:

Name: \_\_\_\_\_

Number to text: \_\_\_\_\_

Email: \_\_\_\_\_

Contact 2:

Name: \_\_\_\_\_

Number to text: \_\_\_\_\_

Email: \_\_\_\_\_

# Eldon R-1 School District – Health Services

## Student Health Information 2023-2024

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

### Regular or Emergency Medications Your Child Is Taking

(at home) \_\_\_\_\_

(at school) \_\_\_\_\_

I request that you give over the counter medication to my child during the school year in accordance with the Board Policy. I authorize the school nurse or designee to give my child medication. I will not hold the school staff responsible for any undesired reaction that may occur from the medication. (Examples of non-prescription medication to be given with parent permission are: non-aspirin pain relievers including Acetaminophen, Ibuprofen, Tylenol, sore throat spray, antacid, antibiotic ointment, hydrocortisone cream, calamine lotion, throat lozenges, topical anti-sting treatments and generic substitutes.

### Please initial below for over the counter medications:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I hereby give my permission for the Eldon Schools to obtain or send my students immunization record to Physician of choice.

### Please initial below:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Please mark below if your child has any of the following:

\_\_\_ Asthma

\_\_\_ Diabetes

\_\_\_ Seizures

\_\_\_ Severe Allergies

\_\_\_ Heart Condition

\_\_\_ ADHD

\_\_\_ ADD

\_\_\_ Hearing problem

\_\_\_ Vision problem

\_\_\_ Seasonal Allergies

\_\_\_ Other Medical Condition EXPLAIN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List All Child's Medication Allergies \_\_\_\_\_

List All Child's Food Allergies and provide Doctors note:

Students Physician \_\_\_\_\_

1. Any medication that is sent to school with a student must be in the original container with the student's name on it.
2. Medication sent to school with a student must be accompanied by a signed and dated note from the parent/guardian requesting the medication to be given.
3. It is recommended that a small container of medication be sent to school.
4. All medications must be given to the school nurse as soon as the student arrives at school.
5. Please make sure the medication is age appropriate.

**It is my understanding that my signature allows all of the above information and treatment as well as yearly vision, hearing, height and weight screenings to be administered to my student.**

Parent Cell Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENROLLMENT AFFIRMATION FOR PARENT  
OR COURT-APPOINTED GUARDIAN  
(Resident Student with No Prior Expulsions)**

Under penalty of law, I affirm that I am the parent or court-appointed legal guardian of the minor student, \_\_\_\_\_, that I reside within the boundaries of the **ELDON R-1 School District** and the student resides within the boundaries of such district, and that any information or documentation that I have provided as proof of residency is true and correct to the best of my knowledge, information and belief. I further affirm that the student, \_\_\_\_\_, has not been expelled from school attendance at any other school in the state or in any other state for an offense in violation of school policies related to weapons, alcohol or drugs, or the willful infliction of injury to another person, and that the other information that I have provided to the school district is true and correct to the best of my knowledge, information and belief. I understand that this statement will be maintained as part of the student's scholastic record.

**I understand that it is a criminal violation to make a materially false statement or affirmation, or to provide false information to establish residency, and that if I have provided false information for such purpose, the school district may file a civil action against me to recover cost of educating the student.**

\_\_\_\_\_  
Signature of parent or court-appointed guardian

Subscribed and affirmed before me this \_\_\_\_\_ day of

\_\_\_\_\_ , \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Notary Public and Official Seal

Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Bus # \_\_\_\_\_

## OPTIONAL PARENT PORTAL ACCESS

Through this web-based system, Parent Portal, parents will be able to view their child's attendance history, schedule and grades based on three week progress reports.

Information for your child is available only with a password. All passwords are distributed through email. It will be your responsibility to keep this password private. We cannot issue any passwords via phone conversation. Passwords will not be issued to the student. You must have an email address to view your child's records in PARENT LINK.

Please provide the email address that you would like to use for student information notifications. You may use only one email address, for example, home or work, but email cannot be sent to both. Please fill in the correct email address on the line provided. This form must be submitted each school year for you to have access.

PLEASE PRINT BELOW

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Email Address—Home or Work (circle one)

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Email Address—Home or Work (circle one)

\_\_\_\_\_ I would like to be able to access my student's information over the Internet by using a password.

\_\_\_\_\_ I do not want access to my student's information available over the Internet.

I understand that it is my responsibility to protect my PARENT LINK password. I should not share my password with my children. I understand that the PARENT LINK system may not be available 24 hours a day due to maintenance on the school network, weather related interruptions, etc.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this letter to the ECC office. Please provide a copy of a picture ID.

Cheyenne Uptergrove

Eldon R-I

SIS Coordinator

112 S. Pine

Eldon, MO 65026

(573) 392-8000

Home of the Mustangs



# Eldon School District

*Matt Davis, Superintendent*

*Rigor - Relevance - Relationships*

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## ELDON R-1 SCHOOLS

For the past several years, Eldon R-1 Schools has been pleased to be able to provide Eldon parents with automated phone notifications of important events such as upcoming events, notice of information sent home with students, inclement weather school closings and similar information. We will continue to provide this information as a service for our parents.

Parents who do not wish to continue to receive non-emergency information must opt-out to not receive calls. Only emergency calls will be received.

By signing this form, you are indicating that we should remove you from all non-emergency calls sent out by the district.

Check the appropriate box below:



I do not give my permission to receive non-emergency calls from Eldon R-1 Schools using automatic dialing equipment at the telephone numbers submitted during the registration process.

Student Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

## Directory Information

### Eldon School District

Please sign and return this to the main office of your student's school **ONLY IF YOU DO NOT** want information about your student released.

You have the right to choose whether your student's directory information is released or not. If you want to limit the disclosure of directory information of child, please sign below and return this form to your student's school. This form applies to the 2023-2024 school year only.

**\*\* Directory information may be prepared for mass release (school yearbook, school directory, athletic programs, summer camps, businesses, church, military recruiters, ect.) unless parents, guardians, or eligible students indicate they do not wish for the information to be disclosed. Directory information means information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. It includes, but is not limited to:**

Name of students

Present Address

Electronic mail address

Telephone number

Student ID numbers/ User IDs

Name of parent/guardian

Photograph

Date of attendance

Grade Level

Enrollment status

I am requesting that directory information for the 2023-2024 school year regarding \_\_\_\_\_ **NOT** be released.

Print Student's name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



Student Name : \_\_\_\_\_ Grade \_\_\_\_\_

Please check all that apply:

Does your child have internet access? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have access to a computer during school hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check all that apply:

My child has access to the following during school hours?

\_\_\_\_\_ Computer/Chromebook

\_\_\_\_\_ Tablet/I-Pad

\_\_\_\_\_ Phone

\_\_\_\_\_ My child does not have access to any of the devices listed above.

What internet provider do you have access to? \_\_\_\_\_

Email address to best reach you \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*TOGETHER*  
**WE RISE**  
FAMILY SCHOOL COMMUNITY

The Missouri Virtual Instruction Program (MOVIP) transitioned to the Missouri Course Access and Virtual School Program (MOCAP) as a result of updates to Section 161.670, RSMo. Information about state funding for students enrolled in virtual education can be found in Section 162.1250, RSMo. Missouri students may enroll in MOCAP courses for the fall and spring semesters. MOCAP is not available in the summer.

### **What Is a MOCAP Course?**

Section 162.1250, RSMo sets out the requirements for all virtual courses. Not all virtual courses are approved MOCAP courses. Courses listed on the MOCAP Course Catalog have been checked for compliance by the Department of Elementary and Secondary Education (DESE). The local education agency (LEA) must vet all other virtual courses to ensure that statutory requirements have been met. In order for students to enroll in MOCAP courses, LEAs must have a secure method to send a student's MOSIS ID and date of birth to courseware providers.

MOCAP courses have been through a stringent review process, including:

- Course alignment to Missouri Learning Standards
- Web Content Accessibility Guidelines (WCAG 2.0)
- Data security review
- Missouri appropriately certificated teachers
- College Board approval of Advanced Placement (AP) courses in the catalog

MOCAP providers have agreed to:

- reporting requirements (including course completion and learning gains)
- invoicing requirements
- a price cap of 7% per semester and 14% per year, per course, based on the June State Adequacy Target

### **Course Catalog**

MOCAP's course catalog link, [mocap.mo.gov/catalog/](http://mocap.mo.gov/catalog/) displays contact information for providers to be contacted directly to register for courses.

### **MOCAP Policies**

An LEA shall inform parents of their child's right to participate in the program. Availability should be made clear in the parent handbook, registration documents, and featured on the LEA's homepage.

**Individual Learning Plans (ILP) or Individual Career and Academic Plans (ICAP)** Students taking more than two MOCAP courses must have an individualized learning plan maintained in the LEA's student records. An LEA may develop its own learning plan for students or use the ICAP that is available through the Office of College and Career Readiness under School Counseling.



## Does your child need health care coverage? MO HealthNet for Kids may be the answer.

MO HealthNet for Kids is a program that provides healthcare coverage for children under age 19 whose family income falls within certain guidelines. (See back for income guidelines)

### Who Is Eligible?

A child:

- who is under age 19;
- who has or applies for a social security number;
- who lives in Missouri and intends to remain;
- who is a United States citizen or an eligible qualified non-citizen (NOTE: receipt of MO HealthNet benefits does NOT subject qualified non-citizens to public charge consideration);
- the parent must cooperate with Child Support Enforcement (CSE) in the pursuit of medical support; and
- who has countable family income which meets the income guidelines.

### MO HealthNet for Kids Non-SCHIP

- 196% Federal Poverty Level (FPL) for children under age 1
- 148% FPL for ages 1-18

### MO HealthNet for Kids (SCHIP) Non-Premium

- Family gross income over 148% FPL up to 150% FPL; and
- Child is uninsured

### MO HealthNet for Kids (SCHIP) Premium

- Family gross income over 150% FPL up to 300% FPL;
- Child is uninsured; and
- Children in families with gross income over 150% FPL without access to affordable health insurance (from \$86 to \$216 per month, based on family size and income) and the family must pay a monthly premium. Premium amounts change in July of each year. The premium is based on family size and income to ensure that no family pays more than 5% of their income for coverage.

### To Apply:

- **On line** at [mydss.mo.gov/healthcare](http://mydss.mo.gov/healthcare). Please send an email to [Colo.MHNPolicy@dss.mo.gov](mailto:Colo.MHNPolicy@dss.mo.gov) with subject line "School" to let us know to watch for your application.
- **By telephone** at 1-855-373-9994. When speaking with a representative please tell them this is a "School Application".
- **Request an application** from 1-855-FSD-INFO (1-855-373-4636). Please write "SCHOOL" at the top of the application.
- **Print an application** online at [dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf](http://dssmanuals.mo.gov/wp-content/uploads/2020/09/IM-1SSL-Fillable-Secured-6-24-21.pdf). Please write "SCHOOL" at the top of the application.

Eldon R-1 School District  
Voluntary Student Demographic Information

The Eldon R-1 School District is requesting that this form be completed by the student or the student's parent. Completion of this form is voluntary. The district is required to submit an aggregate report on the ethnicity and race of all students in the district. The most accurate information comes from you. If this form is not completed, the district will be forced to assign each student to an ethnicity and race category based on whatever information the district has available, including visual observation.

Collection of this information is authorized by federal law, and the information collected will be used to satisfy federal and state reporting requirements and better serve the students of our district. All information provided will be kept confidential in accordance with law.

STUDENT NAME: \_\_\_\_\_

Is the student Hispanic or Latino?

Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South American, Central American or other Spanish culture of origin, regardless of race)

No, not Hispanic or Latino

What is the student's race?

American Indian or Alaska Native (a person having origins in any of the original peoples of North America or South America, including Central America, and who maintains tribal affiliation or community attachment)

Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Black or African American (a person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa)

HOME COPY

HOME COPY

INSTRUCTIONS: PLEASE READ THE FOLLOWING DOCUMENT. KEEP THE HOME COPY FOR YOUR RECORDS. SIGN THE OFFICE COPY AND RETURN IT TO SCHOOL AS SOON AS POSSIBLE.

Parents, Students, and District Employees: The purpose of this agreement is to outline the rules of using computers in the Eldon R-1 Schools. Since students using computers will also be using the local and wide area network, which includes connecting to the Internet, the rules must be understood by all parents, students, and district employees. Your signature on the attached contract is legally binding and indicates that you have read the terms and conditions carefully and understand their significance.

ELDON R-1 SCHOOL DISTRICT  
NETWORK AND INTERNET ACCESS  
ACCEPTABLE USE POLICY

The Eldon R-1 School District is responsible for securing its network and computing systems in a responsible and economically feasible degree against unauthorized access and/or abuse, while making them accessible for authorized and legitimate users. This responsibility includes informing users of expected standards of conduct and the punitive measures for not adhering to them. Any attempt to violate the provisions of this policy will result in cancellation of user privileges and disciplinary action.

Each user is required to use network resources in an efficient, ethical, and legal manner. The use of your access must be in support of education/research and consistent with the educational objectives of the Eldon R-1 District. Activities that are acceptable include classroom activities, career development, and research. Students may not use the resources of the Eldon R-1 School District for entertainment purposes.

To ensure compliance with the Children's Internet Protection Act (CIPA), the district utilizes blocking software and a filtering system to guard against inappropriate access.

**Network Etiquette:** Students are expected to abide by the generally accepted rules of network etiquette. Network etiquette rules include, but are not limited to, the following:

- Students must be polite and use appropriate language. Students should not use abusive language and vulgarities.
- Students must not reveal their personal identifying information (name, address, phone number, social security number, credit card number) or those of others.
- The network must not be used in such a way that would cause disruption of the use of the network by other users.

**Guidelines and Conditions:**

**Privileges:** The use of MORENet/Internet access is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges. The Technology Coordinator may deny access at any time as required. The administrators, faculty and staff may request the Technology Coordinator to deny, revoke, or suspend specific users.

**Unacceptable Use & Network Security:** The activities listed below are prohibited:

- Violation of laws, local, state, federal and/or international, including criminal, copyright, privacy, defamation and obscenity laws. The school district will render all reasonable assistance to local, state, or federal officials for the investigation and prosecution of persons using district technology in violation of any law.
- Use of district technology for soliciting, advertising, fundraising, commercial purposes or for financial gain, unless authorized by the district.
- Deleting, examining, copying, or modifying of files and/or data belonging to other users without their prior consent.
- Using any computer access accounts other than those assigned to the individual. This includes misrepresenting self through the use of another person's ID.
- Accessing, viewing, or disseminating information using district resources, including e-mail or Internet access, that is pornographic, obscene, child pornography, harmful to minors, obscene to minors, libelous, pervasively indecent or vulgar, or advertising any product or service not permitted to minors.
- Introduction of computer "viruses," "hacking" tools or other disruptive/destructive programs into a school or district computer, network, or any external networks.
- Deliberately tampering with a computer system (e.g., disconnecting and/or switching cables or changing computer settings).
- Giving personal information, such as complete name, phone number, address, social security number, credit card, or identifiable photo without permission from teacher and parent or guardian.
- Using online communication tools/forums (e.g., chat rooms, blogs, instant messaging, personal e-mail, pod casts, and Web pages) except for designated classroom activities.
- Failing to care for computer equipment. Objects should not be placed on monitors, computers, or keyboards. Food and beverage should never be used in the vicinity of computers or peripherals.

**Consistency with Other School Policies:** Use of the school district computer system and use of the internet shall be consistent with school district policies and the mission of the school district.

**Limitation of School District Liability:** The school district system is provided on an "as is, as available" basis. The school district will not be responsible for financial obligations arising through unauthorized use of the school district system or the Internet. Users who subscribe to online services that charge fees are solely responsible for all charges incurred.

**Vandalism:** Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data or another user, damage to equipment or software, and interference with the MORENet or local network services.

**Privacy:** Administrators may review communications at any time to maintain system integrity. Users should not expect that files stored on district servers will be private.

OFFICE COPY

OFFICE COPY

Eldon R-I Schools  
Network and Internet Access Acceptable Use Agreement

By signing this document, the student and parent indicate that they have read and agree to abide by the rules stated in the Network and Internet Acceptable Use Policy. This document will be kept at the school for the duration of the student's attendance within the Eldon R-I Schools.

Student's Agreement

I have read the Network and Internet Access Acceptable Use Policy and agree to follow the rules and regulations it contains. I further understand that any violation of the guidelines may result in my computer use and Internet privileges being restricted, revoked, or suspended and may result in school disciplinary action.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent's/Guardian's Agreement

As the parent or guardian of this student, I have read the Acceptable Use Policy. I understand that Internet access at school is provided for educational purposes only. I understand that employees of the school system will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Eldon R-I Schools to allow the student above to use the Internet on computers at the school. I understand that violation of this agreement may result in computer privileges being restricted, revoked, or suspended and may result in school disciplinary action.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date