

**Parent/Guardian Internet Agreement
Centralia High School District #200**

Please check appropriate line for each section below and sign the form on both sides. This policy will remain in effect during the time your son or daughter is enrolled at CHS. If you wish to change the status of the Internet Access or Web Publishing policy, please send written notice of the change to CHS.

Internet Access

I have read and understand the summary of the Acceptable Use Policy as stated on the reverse side.

In consideration of my child's use of the district computer system and Internet access, on behalf of myself, my spouse, and my child I hereby release Centralia High School from any and all claims and damages of any nature arising from and out of, any and all use of district computer and Internet access, including but not limited to claims that may arise from the unauthorized use of the computer or Internet access.

I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.

I give permission for Internet Access and an assigned E-mail account for my child and certify that the information contained in this form is correct.

_____ **Accept**

_____ **Do not accept**

Web Publishing

I authorize Centralia High School to publish my child's first name, picture, and school project(s) on the web as deemed appropriate by the classroom teacher and the Technology Coordinator.

In consideration of my child's use of Web Publishing, on behalf of myself, my spouse, and my child, I hereby release Centralia High School from any liability of and claims or damages as a result of the publishing of material on the Web.

If my child is involved in athletic, music, or other extra-curricula activities, I authorize Centralia High School to publish the results on the web in a format similar to publication in the newspaper or on the radio which would include use of a full name, picture, statistics, etc.

_____ **Accept**

_____ **Do not accept**

Student Name _____

ID # _____

Parent Signature _____

Date _____

Parent Name (printed) _____

Phone _____

Parent signature on this side and Student signature on other side

Centralia High School ensures equal educational opportunities are offered to students regardless of race, color, national origin, age, sex, religion or handicap.

This form must be returned at registration.