ST. JOSEPH SCHOOL
Agreement for the Use of
Computers and Internet Access
Student Form

I have read the Technology Acceptable Use Policy, I understand its significance, and I agree to voluntarily abide with all terms and conditions of it. I further understand that violation of this agreement would be unethical and might even constitute a criminal offense. Should I chose to violate this agreement, my privileges will be revoked, and disciplinary action, and/or appropriate legal action may be taken.

Student Signature _____ Date _____

Name of Student (please print) _____

Name of Parent/Guardian (please print) _____

Street Address _____

City _____ State TEXAS Zip _____

Home Phone _____ Parent's Office Phone _____

ADDITIONAL STUDENT(S)

Student Signature _____ Date _____

Name of Student (please print) _____

Student Signature _____ Date _____

Name of Student (please print) _____

Student Signature _____ Date _____

Name of Student (please print) _____