

# Student Technology Acceptable Use Policy (AUP) Agreement/User Agreement

## Central R-3 Schools Park Hills, MO



**Network User Names** will be:  
first initial middle initial last name (No spaces or capitalization)  
**All passwords** will be set as user's lunch pin.  
**Google Accounts** will be:  
lastnamefirstname@centralr3.org  
**Google Passwords:** first and last initial followed by lunch pin.

The complete Acceptable Use Policy is accessible from each building administrative office or online at centralr3.org, "Departments," "Technology," "Students," "Acceptable Use Policy - Student AUP."

\_\_\_\_\_  
**First**                      **Middle**                      **Last**  
**Student's Grade**      **Graduation Year**

- I have read, or had read to me by my parent/legal guardian/teacher, in its entirety, the Central R-3 School District Acceptable Usage Policy (AUP).
- I agree to abide by its provisions.
- I understand that violation of these provisions may result in disciplinary action against me, including but not limited to suspension or revocation of my access, and suspension from school.
- I understand that inappropriate or illegal use of the equipment could result in civil or criminal lawsuits.
- I agree not to hold Central R-3 Schools liable for the gathering of any offensive or undesirable content through the school's electronic media.
- I understand that the use of district technology is **NOT** private.
- I agree not to hold Central R-3 Schools responsible for any data which might occur on the school's equipment.
- I understand the school district may monitor my use of district technology, including but not limited to monitoring current activities, accessing internet history, e-mail logs, browser logs, social networking, and any other current and/or history use.
- I understand and consent to district interception of or access to all communications I send, receive, or store using the district's technology pursuant to state and federal laws.

**Student Name:** \_\_\_\_\_  
**(Signature)**                      **First**                      **Last**                      **Date**

### Parent/Legal Guardian AUP Agreement with Signature

As the parent or legal guardian of the student signing above (hereafter referred to as "child"), I have read the District's Acceptable Use Policy (AUP) found at centralr3.org, "Departments," "Technology," "Students," "Acceptable Use Policy - Student AUP."

- I understand that violation of these provisions may result in disciplinary action taken again my child, including but not limited to suspension or expulsion from school.
- I understand that usage is **NOT** private and that the school district will monitor their use of district technology, including but not limited to accessing internet history, e-mail logs, browser logs, social networking, and any other current and/or history use.
- I consent to district interception of or access to all communications sent, received, or stored by my child using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.
- I consent and allow the district to assign my child accounts and services to be used for age-appropriate and educational purposes. These services will be used in compliance with applicable laws and regulations (including the U.S. Family Educational Rights and Privacy Act of 1974, the Children's Internet Protection Act, and the Children's Online Privacy Protection Act of 1998).
- Additionally, I agree to be responsible for any unauthorized costs arising from my child's improper use of the district's technology resources and agree to be responsible for any damages incurred by my child.

Select only **ONE** consent listed below:

I (Print Name) \_\_\_\_\_ give **FULL PERMISSION** for my child to utilize the school district's technology resources.

I (Print Name) \_\_\_\_\_ Do **NOT** give permission for my child to utilize the school's technology resources

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_

**Central R-III School District  
Media/Web Parent Consent Form**

Central R-III School District is very proud of students' progress and participation in school events and programs. Photos are taken and articles are written to share our pride with the community via the Annual Report, newspaper articles, building newsletters, displays at conferences, brochures, yearbooks, videos, etc.

Central R-III School District shares information about our school and students accomplishments with the community and people around the work via our Internet web site, [www.centralr3.org](http://www.centralr3.org). Staff members also create web pages to facilitate communication, educate students, and share classroom experiences.

Central R-III School District respects individual family decisions concerning the publication of students' photographs and work. We request your permission to publish exemplary work created by your child and photographs of your child participating in school activities. Only first names or initials will be used to identify work and photos. This consent form is completed once in grades K-2, 3-5, 6-8, and 9-12. It will remain in effect unless revoked in writing by the parent or guardian for discipline reasons by school administrators.

**Student Name:** \_\_\_\_\_ **School:** K-2 West MS HS **Grade:** \_\_\_\_\_  
(Please Print) (Circle One)

Please **check one** of the following, sign on the line below, and **return** this form to your child's homeroom or first bell teacher, or the teachers that is requesting permission to publish.

\_\_\_\_\_ **Yes**, I give permission for my child's picture (In a group Only) and work to be published in the media and/or web using first names or initials only to identify work and/or photos on the web.

\_\_\_\_\_ **No**, I do not give permission for my child's picture, work, or name to be published in the media and/ or web.

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

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

\_\_\_\_\_  
**Date**

**Central R-3 School District**  
**Chromebook User Agreement Form**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

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

*I acknowledge that I have read, understand and agree to all the terms outlined in the Central R-3 School District Parent/Student Chromebook Handbook and User Agreement. I further understand that as a user of technology resources owned and operated by the Central R-3 School District. I am responsible for my own actions.*

*I also acknowledge that Central R-3 School District cannot guarantee the privacy, security or confidentiality of any information sent or received via electronic mail. Network administrators can review my e-mail, file folders, and communications to maintain system integrity and insure that I am using the system responsibly.*

*I understand that any and all of the following sanctions outlined in the User Agreement could be imposed if I violate an agreement and/or procedure regarding the use of Central R-3 School District Technology Resources.*

*I further understand that this agreement is valid at all times that I have access to Central R-3 School District technology, and will be kept on file.*

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*I acknowledge that my child has read, understands and agrees to all the terms outlined in the Central R-3 School District Parent/Student Chromebook Handbook and User Agreement.. I further understand that I am responsible for my child's actions while using technology resources owned and operated by Central R-3 Schools.*

*I also acknowledge that Central R-3 School District cannot guarantee the privacy, security or confidentiality of any information sent or received via electronic mail belonging to my child. Network administrators can review my child's e-mail, file folders, and communications to maintain system integrity and insure that they are using the system responsibly.*

*I understand that any and all of the following sanctions outlined in the User Agreement could be imposed if my child violates an agreement and/or procedure regarding the use of Central R-3 School District Technology Resources.*

*I further understand that this agreement is valid at all times that my child has access to Central R-3 School District technology, and will be kept on file.*

**Parent or Guardian Printed Name** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Central R-3 School District Optional Chromebook Insurance Protection Enrollment Form**

**Student Name:** \_\_\_\_\_

**School Year:** \_\_\_\_\_

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

Chromebook Insurance Protection against breakage, damages, loss and theft is available and highly recommended, but not mandatory. If you choose **not** to purchase insurance and the computer is damaged, lost or stolen, you are responsible for all repairs and/or replacement.

Insurance Protection cost per device is \$30.00 annually\* and covers one claim in full for accidental damage or breakage of any Chromebook parts. Second claim within a year will require a \$5.00 deductible. Third claim within a year will require a \$10.00 deductible and fourth claim within a year will require a \$15.00 deductible. Payment of each deductible is required before the unit will be repaired. Subsequent claims beyond the fourth claim within a year will be at a total cost to the student. If a Chromebook or Chromebook charger is lost or stolen, insurance covers 50% of the replacement cost and the student is responsible for the remaining 50%.

Insurance Protection must be paid in full before the first claim can be processed. Insurance will not be offered after breakage or damages have occurred. Reimbursement of insurance for students that withdraw from the district will be prorated at \$15 per semester, with the maximum refund being \$15.00 within a given year.

*\*Annual is determined to be first of school year distribution until end of the regular school year, or end of summer school session of which your student is enrolled. If Insurance Protection is enrolled on the first day of Second Semester or after, the cost per device is \$15.00.*

**OPTION #1 – PURCHASING TODAY** \_\_\_\_\_ *(Please return this form along with payment to your child's Principal's Office.)*

**OPTION #2 – DECLINING INSURANCE** \_\_\_\_\_

*I acknowledge that I have read, understand and agree to all the terms outlined on this form.*

**Parent or Guardian Printed Name** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<p align="center"><b>For Office Use Only:</b></p> <p><b>Receipt #:</b> _____</p> <p><b>Initials:</b> _____</p>
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