

HINSDALE TOWNSHIP HIGH SCHOOL DISTRICT 86

**ACCEPTABLE USE POLICY AGREEMENT
(COMPUTER USE AND INTERNET CONSENT FORM)**

Student/User's Full Name (please print): _____

Student ID# (if known): _____ Home Phone: _____

Home Address: _____

YES: I understand and will abide by the Hinsdale Township High School District 86 Acceptable Use Policy (AUP). I further understand that any violation of the AUP is unethical and may constitute a school offense. Should I commit any violation, my access privileges may be suspended, revoked, and/or other disciplinary action may be taken.

Student/User Signature: _____ **Date:** _____

YES: As the parent or guardian of this student I have read the AUP. I understand that this access is designed for educational purposes. It is impossible for Hinsdale Township High School District 86 to restrict access to all controversial materials and I will not hold it responsible for materials acquired on the network. Further, I accept full responsibility for supervision when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent/Guardian (please print): _____

Signature: _____ **Date:** _____

-OR-

NO: I do not wish for my student to have internet access at school.

Student Name ID# (if known)

Parent/Guardian Signature

***Please return this completed form to the Guidance Department ,
Hinsdale Central High School, 55th & Grant Sts., Hinsdale IL 60521.***