

**TRANSYLVANIA COUNTY SCHOOLS  
ACCEPTABLE USE POLICY FOR STAFF**

*Return this page to the designated person at your work site.*

**Employee Agreement**

I understand and will abide by the Rules and Regulations for Transylvania County Schools Acceptable Use Policy. I further understand that any violation may result in the loss of access privileges and in disciplinary action.

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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**TRANSYLVANIA COUNTY SCHOOLS  
ACCEPTABLE USE POLICY FOR STUDENTS**

**Student Agreement:**

I understand and will abide by the Rules and Regulations for Transylvania County Schools Acceptable Use Policy. I further understand that any violation may result in the loss of access privileges, school disciplinary action, financial restitution for damage or disruption to network services, and/or criminal prosecution.

Student Name (please print) \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected Year of Graduation \_\_\_\_\_ Current Homeroom Teacher \_\_\_\_\_

**Parent/Guardian Agreement** *(to be completed for students under the age of 18):*

I have read the Rules and Regulations for Transylvania County Schools Acceptable Use Policy and understand that this access is designated for educational purposes only. I also recognize that it is impossible to restrict access to all inappropriate materials. However, I accept full responsibility for my child's compliance with the Rules and Regulations and, hereby, give my permission for my child to use Transylvania County Schools' Networks.

Parent/Guardian Name (please print) \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY BOARD  
AND EFFECTIVE 9/9/96  
REVISED 11/1/99  
REVISED 9/17/01  
REVISED 10/17/05