

**~~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