

**ELECTRONIC INFORMATION NETWORKS INDIVIDUAL USER
ACCESS INFORMED CONSENT**

My child/I agree to abide by the District's Policy and Procedures for Electronic Information Systems, which I/we have reviewed and understand. I/we acknowledge that failure to comply with the policy and procedures may result in the revocation of network use privileges. My child/I acknowledge and agree that Willapa Valley School District has the right to review, edit or remove any materials installed, used, stored, or distributed on or through the network or District's system. I/we hereby waive any right of privacy which my child/I may otherwise have to such material. I/we have also been presented with opportunities to learn more about the Internet and electronic networks in schools.

APPLICANT	PARENT/GUARDIAN
<hr/> <p>Printed Name of Applicant</p> <p><input type="checkbox"/> Staff <input type="checkbox"/> Student Student No. _____</p> <hr/> <p>Signature of Applicant</p> <hr/> <p>School Name or Location of Applicant</p> <hr/> <p>Date Signed</p>	<hr/> <p>Printed Name of Parent or Guardian (Required if applicant is under age 18)</p> <hr/> <p>Signature of Parent or Guardian</p> <hr/> <p>Date Signed</p>

FOR OFFICIAL USE ONLY

This form should be kept at the school in the student's cumulative folder or on file with the building coordinator.

Signature of Building Coordinator

Date

Username:

Password: