

LOYALSOCK TOWNSHIP SCHOOL DISTRICT

1720 SYCAMORE ROAD
MONTOURSVILLE, PA 17754
(570) 326-6508

NETWORK WAIVER FORM

I _____, understand that the use of Loyalsock Township School District's Network at _____ is a privilege, not a right. While using the Network. I agree not to explore any area of the Network, which is restricted to students. I understand that any attempt to "hack" into the Network Administrator, or any other on-line system, to ascertain log-in names, passwords, etc. will subject me to serious disciplinary consequences, including loss of computer privileges.

I understand that this agreement is in effect even when not being directly supervised. Furthermore, I understand that if I break this agreement, I may lose all further Network privileges and face disciplinary action if deemed necessary by the appropriate school administration. My use of the Internet and Network will be primarily for educational purposes.

I relinquish Loyalsock Township School District and its employees of all responsibility regarding my use of the school's Network.

Circle either "do" or "do not" for the following:

I do / do not give my son/daughter permission to use the school's Network (collection of computers).

Student _____

Date _____

Parent / Guardian _____

Date _____