

ASHFORD SCHOOL
2019-2020
Technology Permission Form

Print Student Name: _____ Grade: _____

FOR STUDENTS IN GRADES 5-8

(Please circle one)

Yes No I give permission for my child to have and use a filtered Ashford School email account.

Yes No I give permission for my child to have access to the Computer Network. I also agree that my child will comply with the conditions for acceptable use and behavior regarding the use of the network in school. Should my child fail to comply with these conditions, I understand that his/her computer privileges at school may be revoked.

My signature below indicates that I have read and agree to comply with the Ashford School's **Technology Acceptable Use Policy** and the permissions stated above.

Print Parent/Guardian Name: _____

Parent/Guardian **Signature**: _____ Date: _____

My signature below indicates that I have read and agree to comply with the Ashford School's **Technology Acceptable Use Policy**.

Student Signature : _____ Date: _____