



STUDENT NETWORK ACCESS FORM

Please read the following carefully before signing this document. You will be expected to abide by the policies described herein:

Parent Agreement:

As the parent or guardian of this student, I have read the terms and conditions contained in the Explore Knowledge Academy Acceptable Use Policy. I understand that access to the Explore Knowledge Academy educational network resources is designed for educational purposes and that EKA has taken precautions to eliminate access to controversial material. However, I recognize it is impossible for EKA to restrict access to all controversial materials. I understand that if my child does not follow the Explore Knowledge Academy's Acceptable Use Policy, privileges to access the EKA computer network resources may be revoked.

Please check one:

I give _____ do not give _____ permission for my child to access, produce, video conference, and communicate information on the EKA computer network resources in accordance with the Acceptable Use Policy. Student work, artwork or projects will be identified by first name, grade, and school only. Students who do not have parent/guardian permission to use the EKA's computer network will be given alternative educational activities.

Parent's or Guardian's Name (please print) _____

Parent's or Guardian's Signature _____ Date _____

Student Agreement:

I understand and will abide by the Acceptable Use Policy of Explore Knowledge Academy. I understand that violating the Acceptable Use Policy may result in loss of network privileges and/or other EKA disciplinary measures.

Student's Full Name (please print) _____

Student's Signature _____ Date _____