

**STUDENT TECHNOLOGY RESPONSIBLE USE AGREEMENT****Lewistown Public Schools**

Please sign the following form if you do **NOT** want your student to have access to the district's computers, network, and internet access. If no response is received within 10 days of the receipt of the form, the District will consider that as an "opt-in" and will allow your student to have computer access and act responsibly in accordance with Policy No. 3612.

I do **NOT** agree to abide by the terms of the Lewistown School District's policy regarding District Provided Access to Electronic Information, Service, and Networks (Policy No. 3612).

**Parent or Legal Guardian**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Students 18 years of age and older:**

User's Name (Print): \_\_\_\_\_

User's Signature: \_\_\_\_\_

Date: \_\_\_\_\_