



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 for the Explore Knowledge Academy Acceptable Use Policy (available on our website). 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 Explore Knowledge Academy's Acceptable Use Policy, privileges to access the EKA computer network resources may be limited or revoked.

I 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.

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 limitations or loss of network privileges and/or other EKA disciplinary measures.

Student's Full Name (please print) _____

Student Number _____ Grade _____

Student's Signature _____ Date _____