

**Wayne County Public Schools**  
**Technology/Internet Responsible Use Agreement**  
School Year: \_\_\_\_\_

Student's Full Name (please print): \_\_\_\_\_

I have read (or it has been read to me), understand, and will abide by the Wayne County Public Schools Technology Responsible Use (3225). I understand that should I commit any violation of this policy, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. I further understand that should I be issued a WCPS email account and/or other online tools, that I will use them appropriately and in accordance with Policy 3225.

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

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

**PARENT/GUARDIAN**

(If the student is under the age of 18, a parent/guardian must also read and sign this agreement.)

As the parent or guardian of this student, I have read the Wayne County Public Schools Technology Responsible use (3225) and Internet Safety Policy (3228). I understand that the use of the Internet and technology resources is a standard part of the instructional process and is considered the same as using a textbook or any other resource to enhance or deliver instruction. Furthermore, I understand that my child may be issued a WCPS email account, access to social learning networks, and/or given access to other specific online content in order to support the instructional process as is age and/or grade level appropriate. I further understand that access to the Internet and the use of school owned technology resources is intended for educational purposes only. I also recognize that even though Wayne County Public Schools uses appropriate Internet filtering software, it is impossible to restrict access to all inappropriate materials, and I will not hold the school system responsible if my child accesses or acquires such materials on the network. I accept responsibility for my child's compliance with the Responsible Use Policy. I give my consent for school district personnel to monitor my child's school issued email account as well as my child's internet activity on school owned computers and the school network.

Parent or Guardian name (please print): \_\_\_\_\_

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

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

**This form must be returned to your child's school in order for your child to access school owned network resources.**

Adopted: August 4, 2008; Revised: July 11, 2011; Revised: July 9, 2012; Revised: August 12, 2013; Revised: June 2, 2014

School: Charles B. Aycock High School

Student: \_\_\_\_\_

### Wayne County Public Schools Authorization to Release Students

In an effort to ensure the safety of all students, the Wayne County Public Schools will adhere to the following procedure before releasing students to any person appearing at a school requesting permission to take a student from the school.

1. The person requesting permission to take a student from the school must report to the principal's office, or in a high school, a designated assistant principal's office.
2. The person must present photo identification.
3. The person must be listed as having the authority to take the student from the school as specified by the custodial parent or guardian on AR 4210, page 2.
4. The student will be sent to the office and must visually identify the person making the request.
5. When all conditions have been met, the student will be released by the office to the person making the request.
6. High school students may be released from school with a note from the custodial parent or guardian only after the attendance office has verified the note with the parent or guardian through direct or telephone contact.
7. A student will be released to either biological parent in the absence of a copy of a Court Order. In such cases where a Court Order has been provided, the directives in the Court Order will be followed.

**The school is authorized to release my child to the following individuals (please print first and last names).** Include parent's names, the names of any, and all individuals who may take your child from school, as the school will not release your child to anyone not listed. This list of authorized individuals may be updated at any time by the child's custodial parent or guardian by requesting the change through the principal's office.

First Name	Last Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Telephone Number

**Wayne County Public Schools**  
**Student Health Form**

This form must be filled out in hard copy.  
You will be given the form when you arrive to the school.

**END OF DOCUMENT**