



THOMAS COUNTY SCHOOLS

Dr. Dusty Kornegay, Superintendent

200 N. Pinetree Blvd., Thomasville, GA 31792

229-225-4380

229-225-5012 Fax

Student Internet Acceptable Use Agreement

User Authorization

I hereby certify that I have read and understand Thomas County Schools' Acceptable Use Policy (Policy IFBG). I understand that this access is for educational purposes only and is restricted to classroom assignments. I further understand that if I violate this policy, my network/Internet access privileges will be revoked and subject to disciplinary action.

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Authorization

As the parent or guardian of the above-named student, I hereby certify that I have read and understand Thomas County Schools' Acceptable Use Policy (Policy IFBG). I understand that this access is designed for educational purposes and it is the responsibility of my child to restrict his/her use to classroom assignments. I understand that Thomas County Schools takes every measure to protect students while using these resources as required and outlined by the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254(h)]. A technology protection measure is in place to protect students while using these resources by blocking or filtering inappropriate websites at all schools. I further understand that some material accessible to network/Internet users may be offensive, illegal, defamatory, or inaccurate and that although Thomas County Schools has taken reasonable precautions to restrict access to such materials, such exposure may nevertheless occur. I further agree to indemnify and hold harmless Thomas County Schools and its employees and agents from any and all claims arising from or related to my child's use or misuse of the network/Internet and waive any and all claims I have against the system for such use or misuse.

Please check Yes or No.

___ Yes, I will allow my child to use the Internet at school.

___ No, I do not want my child to use the Internet at school.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Board of Education

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