





KINDERGARTEN REGISTRATION CONTINUED

**PRIMARY RESIDENCE/CONTACT INFORMATION**

Street Address: \_\_\_\_\_ PO Box/Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Township: \_\_\_\_\_  
 Residence Phone Number: \_\_\_\_\_ Check if unlisted  
 Parent/Guardian:  Owns Home  Rents/Leases  Lives with Wattsburg Resident

**Primary Contact 1:**

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

**\*You will automatically be placed in the WASD Notification System for emergency and other district/school notifications by phone and email.**

**Primary Contact 2:**

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Receive emergency and other school/district notifications (phone and email):  Yes  No

**Other Persons Living in Primary Residence:**

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment

**SECONDARY RESIDENCE/CONTACT INFORMATION**

**\*Only complete this section for Parent/Guardian the student does NOT primarily reside with.**

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ PO Box/Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Residence Phone Number: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Receive school/district notifications (phone and email):  Yes  No Receive school/district mailings:  Yes  No

**Other Persons Living in Secondary Residence:**

Name: Last, First	Relationship to Student	Age	M/F	School or Place of Employment



KINDERGARTEN REGISTRATION CONTINUED

EMERGENCY CONTACTS

\*Please list two contacts (other than those already listed above) the school may call for advice or direction in caring for the student in case of serious accident, illness or disaster warning. These persons will only be contacted if parent/guardian cannot be reached.

1st Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

STUDENT ACADEMIC INFORMATION

Is the student currently receiving any special services listed below? Yes No Is the student on a 504 Plan? Yes No

If Yes, does the student have a current Individualized Education Plan (IEP). Select programs the IEP covers:

Autistic Support  Emotional Support  Life Skills Support  Learning Support

Speech Support  Hearing Impaired  Vision Impaired

Speech & Language Development:

- Do family members or other people have difficulty understanding your child's speech? Yes No
Does your child ever become frustrated because of his/her speech or language? Yes No
When your child talks, are his/her sentences always less than five (5) words in length? Yes No
Does your child have difficulty understanding directions? Yes No
Does your child have difficulty carrying out a conversation with you by telling you what he/she is doing? Yes No
Does your child have difficulty asking questions such as why, when and how? Yes No
Are you concerned about your child's hearing? Yes No
Do you feel that your child stutters? Yes No
Do you have any questions or comments about your child's speech and language development? Yes No

PARENT ACKNOWLEDGEMENT

I acknowledge that the information noted above is true and accurate and that the student being registered is a resident of the Wattsburg Area School District and, as such, spends at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. In addition, I acknowledge that I am responsible for the payment of nonresident tuition, from the registration date, if it is determined that the student being registered is not a resident of the Wattsburg Area School District or does not spend at least half of each school week residing with a parent or legal guardian within the boundaries of the Wattsburg Area School District. I understand that false statements made herein are made subject to the penalties of 18 Pa. C. S. 4904, relating to unsworn falsification to authorities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For District Use Only:

Student ID: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_

PA Secure ID: \_\_\_\_\_ Residency Code: \_\_\_\_\_



# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

**Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes



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**PARENTAL REGISTRATION STATEMENT**  
*To be completed by Parent or Guardian*

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following:

I hereby swear or affirm that my child was \_\_\_\_\_ was not \_\_\_\_\_ previously suspended or expelled, or is \_\_\_\_\_ is not \_\_\_\_\_ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:  
 \_\_\_\_\_

Dates of suspension or expulsion:  
 \_\_\_\_\_  
 (Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Parent or Guardian)

\_\_\_\_\_  
 (Date)

Any willful false statement made above shall be a misdemeanor of the third degree.  
 This form shall be maintained as part of the student’s disciplinary record.



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**STUDENT HEALTH HISTORY**  
*To be completed by Parent or Guardian*

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female      School student will be attending:  SENECA  WAMS  WAEC      Grade: \_\_\_\_\_

**DOCTOR INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (for emergency treatment): \_\_\_\_\_

What type of medical insurance does the student have?  Private  Medical Assistance  CHIP  None

Physical Exam: In accordance with PA School Code 1402, a physical examination must be completed upon entry into school, and in grades 6 and 11.

Will the student need this examination to be completed by the school physician (no cost to parent/guardian)?  Yes  No

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Examination: In accordance with PA School Code 1403, a dental examination must be completed upon entry into school, and in grades 3 and 7.

Will the student need this examination to be completed by the school dentist (no cost to parent/guardian)?  Yes  No

**HEALTH HISTORY**

Is your child up to date with immunizations?  Yes  No      A copy of the immunization record is required for enrollment.

Middle and High School students only:

Is the student permitted to be given, at the nurse's discretion, non-aspirin pain medication during the school day?  Yes  No

Is your child currently taking prescribed medication?  Yes  No      Inhaler?  Yes  No

List all medications taken, dosage and doctor prescribing: \_\_\_\_\_  
 \_\_\_\_\_

Will medication need administered during school hours?  Yes  No

\*Any medication to be taken at school must have a Medication Release Form complete and on file in the nurse's office.

Is your child under medical treatment at the present time?  Yes  No      Name of Physician: \_\_\_\_\_

Reason: \_\_\_\_\_

Are there components of this care that would restrict your child's participation in any physical activity at school?  Yes  No

If yes, explain: \_\_\_\_\_



Student Health History Continued

Does your child have any allergies? Yes No      EpiPen? Yes No

Bee Sting   Foods   Animals   Plants   Drugs   Other: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

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Does your child have diabetes? Yes No

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Has your child ever had convulsions or seizures? Yes No

If yes, when was last episode? \_\_\_\_\_      Currently taking seizure medication? Yes No

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Has your child ever had any of the following diseases? Please check and give month/year. Not Applicable

Asthma \_\_\_\_\_      Heart Condition \_\_\_\_\_      Tuberculosis \_\_\_\_\_

Chicken Pox \_\_\_\_\_      Mononucleosis \_\_\_\_\_      Scoliosis \_\_\_\_\_

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Is your child frequently troubled by the following? Not Applicable

Bladder/Bowell Problems      Emotional Problems      Earaches      Headaches

Over Four Colds per Year      Painful Joints      Nosebleeds      Eczema

Other – Please Explain: \_\_\_\_\_

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Does your child experience any difficulty with any of the following? Not Applicable

Vision – Please Explain: \_\_\_\_\_

Does your child wear glasses? Yes No

Hearing – Please Explain: \_\_\_\_\_

Speech – Please Explain: \_\_\_\_\_

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Does your child require a special diet? Yes No

If yes, note restrictions: \_\_\_\_\_

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Has your child had any serious injuries, accidents or operations? Yes No

If yes, explain and give dates: \_\_\_\_\_

\_\_\_\_\_

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Does your child have any physical illness or impairment that could affect their ability to succeed in school? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will only be shared with school staff in a confidential manner on a "need to know basis". Health information will not be shared with any other outside health providers without the expressed written permission of the parent/guardian.

If you have any questions or concerns please contact your student's school nurse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**REQUEST FOR STUDENT RECORDS**  
*To be completed by Parent or Guardian*

The following student has enrolled with the Wattsburg Area School District:

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

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I hereby authorize that information regarding school, discipline, health, medical, PA Secure ID and any other pertinent records in regard to this student be sent to the Wattsburg Area School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WASD Office Only:**

Please forward the following information requested to the school below:

- |   |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| _____ Report Card (Most Recent)                                   | _____ Discipline Records        | _____ Health/Immunization Records |
| _____ Transcripts   | _____ Withdraw Grades           | _____ Birth Certificate           |
| _____ Attendance Records  | _____ Standardized Test Scores  | _____ PA Secure ID: _____         |
| _____ 339 Evidence  | _____ Psychological Evaluations |                                   |
| _____ Special Education Records (IEP/GIEP/ER/RR/NOREP/504/Speech) |                                 |                                   |

\_\_\_\_\_ **Seneca High School**  
 Grades 9-12  
 10770 Wattsburg Road  
 Erie, PA 16509  
 Fax: 814-825-2262

\_\_\_\_\_ **Wattsburg Area Middle School**  
 Grades 5-8  
 10774 Wattsburg Road  
 Erie, PA 16509  
 Fax: 814-825-8180

\_\_\_\_\_ **Wattsburg Area Elementary Ctr**  
 Grades K-4  
 10780 Wattsburg Road  
 Erie, PA 16509  
 Fax: 814-825-0302

**Special Education records can be sent directly to Shanna Robinson at:**  
 Mail: 10770 Wattsburg Road, Erie, PA 16509 / Email: [shanna.robinson@wattsburg.org](mailto:shanna.robinson@wattsburg.org) / Fax: 814-825-2262

**THANK YOU FOR YOUR PROMPT ATTENTION TO THIS REQUEST**





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**NEW STUDENT TRANSPORTATION REQUEST**  
*To be completed by Parent or Guardian*

- Only one form per household needs to be completed at time of registration.
- If you are a working parent/guardian during school hours and need bus transportation to or from an alternate stop before or after school, please also complete an Alternate Transportation Request.

**Location of Residence:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Between what two roads: \_\_\_\_\_

Color of house: \_\_\_\_\_

**Student Information:**

Date of Enrollment: \_\_\_\_\_

Please list all students that will need WASD transportation at this location.

Student Last Name	Student First Name	Grade	School Attending

**Transportation Office Use:**

AM Pick-up Time: \_\_\_\_\_ High School/Middle School Students

PM Drop-off Time: \_\_\_\_\_ High School/Middle School Students

AM Pick-up Time: \_\_\_\_\_ Elementary School Students

PM Drop-off Time: \_\_\_\_\_ Elementary School Students

AM Pick-up Time: \_\_\_\_\_ Other School Students

PM Drop-off Time: \_\_\_\_\_ Other School Students



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**MEDIA & DIRECTORY OPT OUT**  
*To be completed by Parent/Guardian*

- This form does **not** need to be submitted unless you wish to opt out of the items covered below.
- You can exercise your rights outlined below by submitting this form within the first two weeks of enrollment. This form must be submitted at the beginning of each school year.

Your child may be interviewed, photographed, or audio/video recorded for print, radio, television, internet, or any other medium, unless you direct otherwise by checking the box below:

I understand that district staff may interview, photograph, audio or video record my child for district use during normal operations of school and activities. However, I do NOT want such interviews, photographs, audio or video recordings released in the media or online. I understand that this means that my child will sometimes be unable to participate in certain school/classroom apps and events.

As per the Family Educational Rights and Privacy Act (FERPA), directory information may be shared without prior written consent by parents. In addition, FERPA required the District to share student information under certain conditions, regardless of parent consent.

- As per policy 216, the District has designated the following information as directory information: student’s name, address, telephone listing, electronic mail address, photograph, date/place of birth, major field of study, dates of attendance, grade level, participation in officially recognized activities and sports, weight/height of members of athletic teams, degrees/honors/awards received, most recent educational agency/institution attended, student ID (number, user ID or other unique personal identifier used to communicate in electronic systems that cannot be used to access education records without a PIN, password, etc.).

If you do not want the District, unless required to do so by FERPA, to disclose directory information from your child’s education records without your prior written consent, you must notify the District in writing by using this form and checking the box below:

I do not want the District to disclose my child’s directory information unless required to do so by law. I understand that this means that my child’s photograph will **not** appear in the annual school yearbook. It may also preclude my child from participation in certain sports/activities when outside authorities (i.e. PIAA) require directory information.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Book	Policy Manual
Section	200 Pupils
Title	Pupils Network/Internet Acceptable Use Policy
Code	252
Status	Active
Adopted	March 19, 2012
Last Revised	August 18, 2014

### **Purpose**

The Board supports use of the Internet and other computer networks in the district's instructional and operational programs in order to facilitate learning, teaching, and daily operations through interpersonal communications and access to information, research, and collaboration. Our goal in providing this service to students is to provide educational excellence in the district by facilitating resource sharing, innovation, and communication.

For instructional purposes, the use of network facilities shall be consistent with the curriculum adopted by the school district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

### **Authority**

The electronic information available to students does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged, or unavailable when using the network or for any information that is retrieved via the Internet.

The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet.

The Board establishes that computer and network use is a privilege, not a right; inappropriate, unauthorized and illegal use will result in cancellation of those privileges and appropriate disciplinary action.

The Superintendent or designee shall be responsible for determining whether the district computers are being used for purposes prohibited by law or for accessing sexually explicit materials or any other materials deemed to be inappropriate. The procedures should include but not be limited to:

1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.
2. Maintaining and securing a usage log.
3. Monitoring online activities of minors.

### **Delegation of Responsibility**

The student shall make every effort to ensure that this resource is used responsibly.

Students have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

District Administrators or designee shall have the authority to determine what constitutes the inappropriate use of network resources.

District Administrators or designee shall have the authority to determine what constitutes inappropriate content.

### **Guidelines**

The Internet and the Wattsburg Area School District system are "public places." You must always remember that you are sharing this space with many other users. Because network connections are granted to you as a part of the larger scope of the curriculum, the Wattsburg Area School District reserves the right to monitor all traffic on the network. Additionally, we reserve the right to review, copy, and/or examine any information that resides on any of the school's computers or networks. Our goal is to make sure the network continues to function properly for all of its users.

No user shall expect that their network files, Internet access, or e-mail communications are private. All network transactions and communications are technologically public in nature. All sites visited on the Internet are tracked by computers in the district and the sites themselves. The time, date, site visited, and computer used for access are all logged.

Electronic communications shall not be considered private. It is very easy to accidentally send a communication to the wrong person by mistyping the wrong address. Users shall not write anything in an electronic communication that they would not want to have broadcast over the public address system. All student electronic information should be backed up on each student's private storage device periodically throughout the school year. Administrators reserve the right to purge student electronic data when necessary in accordance with document retention policies.

### **Unacceptable Uses**

Students are expected to act in a responsible, ethical, and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:

1. Illegal, inappropriate activity, including so-called "hacking" and other unauthorized uses.
2. Commercial or for-profit purposes.
3. Product advertisement or political lobbying.
4. Hate mail, discriminatory remarks, and offensive or inflammatory communication.
5. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
6. The illegal installation and/or utilization of copyrighted, unauthorized games, programs, files, or other electronic media.
7. Access to obscene or pornographic material or child pornography.
8. Access by students to material that is harmful to minors in accordance with Board policy.
9. Inappropriate language or profanity.

Transmission of material likely to be offensive or objectionable to recipients.

1. Illegal/inappropriate material.
2. Intentional obtaining or modifying of files, passwords, and data belonging to other users.
3. Impersonation of another user, anonymity, and pseudonyms.
4. Fraudulent copying, communications, or modification of materials in violation of copyright laws.
5. Disruption of the work of other users.
6. Destruction, modification, abuse or unauthorized access to network hardware, software and files.

## **Security**

System security is protected through the use of passwords. Failure to adequately protect or update passwords could result in unauthorized access to student files. To protect the integrity of the system, the following guidelines shall be followed:

1. Students shall not reveal their passwords to another individual.
2. Users shall not use a device that has been logged in under another employee account.
3. Any user identified as a security risk or having a history of problems with other technology systems may be denied access to the network.
4. User credentials shall be issued by the Information Technology department.

## **Consequences for Inappropriate Use**

The student shall be responsible for damage to the equipment, systems, and software resulting from deliberate or willful acts. Damage will be determined at the discretion of the Superintendent or designee.

Illegal use of the network; intentional deletion or damage to files of data belonging to others; copyright violations; and theft of services may be reported to the appropriate legal authorities.

General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy. Loss of access and other disciplinary actions may be consequences for inappropriate use.

Vandalism may result in cancellation of access privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.

## **Copyright**

The illegal use of copyrighted software by Students is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines.

To the greatest extent possible, users of the network will be protected from harassment and unwanted or unsolicited communication. Any network user who receives threatening or unwelcome communications shall report such immediately to a teacher or an administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, e-mail, Internet, etc.

CIPA (Children's Internet Protection Act) compliant software is used for filtering in the Wattsburg Area School District.

Internet safety measures shall effectively address the following:

1. Control access by minors to inappropriate matter on the Internet and World Wide Web.
2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.
3. Prevention of unauthorized online access by minors, including “hacking” and other unlawful activities.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.
5. Restriction of minors’ access to materials harmful to them.
6. Monitoring the online activity of minors.
7. Educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, cyberbullying awareness, and response.

### **Policy Requirements**

Students have a responsibility to promptly report any Acceptable Use Guideline violations to the appropriate teacher or building principal.

Students who encounter inappropriate materials by accident should immediately report it to their teacher or building principal.

### **Students**

Students, grades K-4, are required to have a parent or guardian sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to the school building, at promotion from building to building, or after revision of this policy

Students, grades 5-12, as well as their parent or guardian are required to sign the Network/Internet Acceptable Use Policy (AUP) permission form upon entrance to a school building, at promotion from building to building, or after a revision of this policy.

[252 - Pupils - Network-Student Internet Acceptable Use Attachment.docx \(16 KB\)](#)

# Wattsburg Area School District

## Acceptable Use of Network/Internet Policy Student Agreement Form – Grades K-12

Student Last Name:
Student First Name:
Student ID Number:
Homeroom Number:
Homeroom Teacher:
Grade:

**Student Consent for Independent Use:** Student section is waived for students in grades K-4.

I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District.

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

### Parent or Guardian Consent for Independent Use:

As parent or guardian of the student named above, I have read and understand the Network/ Internet Acceptable Use Policy (AUP) and guidelines for independent use established by the Wattsburg Area School District. I grant permission for my son/daughter to access networked computer services. I hereby release and hold harmless the Wattsburg Area School District from any and all claims for damages of any nature arising from my child's access, use, or inability to access or use the Internet and technology resources.

If you choose not to give permission to your child to have Network/Internet access, please write a brief statement below to this effect.

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Parent or Guardian Name (Print) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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