

South Burlington School District
Letter of Permission for
Student Electronic Mail Account

Student Name (Printed): _____

School: _____ **Grade:** _____

The South Burlington School Board is pleased to offer students of the District access to the District computer network for electronic mail. To gain this access, a student under the age of 18 must obtain parental permission and must return this form, signed by a parent or guardian, to the Main Office of the student's school. Students 18 and over may sign their own forms. This form is intended to be informational, as policies approved by the South Burlington School Board apply to all users of the South Burlington School District Academic Electronic Network, whether or not said users have signed this agreement.

Access to email will enable students to communicate with and collaborate with people throughout the world. While our intent is to make electronic mail available to further educational goals and objectives, families should be warned that it is not possible to monitor every student electronic mail conversation. Therefore, it is important for students to accept responsibility for their behavior. We believe that the benefits to students from access to electronic mail exceed any disadvantages. But ultimately parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information resources. To that end, the South Burlington School District supports and respects each family's right to decide whether or not to apply for electronic mail access.

Student Agreement: I have read and/or discussed with my parent(s) the SBSB Network Access Policy and I agree to comply with the stated "Guidelines for Student Behavior." I realize that if I don't comply with these guidelines, my account may be terminated, restricted, or suspended.

Student Signature: _____ Date: _____

Parent/Guardian Agreement: I have read and understand the SBSB Network Access Policy. I have discussed the policy and guidelines with my child. I realize that should my child not comply with the guidelines, his or her account may be terminated, restricted, or suspended. I further realize that school personnel have complete authority over who is admitted to the system, and I agree to abide by their decisions regarding my child's conduct and use of the system.

Parent/Guardian Signature: _____ Date: _____

Desired Password: _____ (Must be 5-8 characters in length. Do not use your own name. In general, it's a good idea to use the same password that you use to log in to the network.)

E-Mail Account Activated by DNS