



Fulton County Schools  
Computer/Internet Acceptable Use Policy  
Student Agreement

My parent/guardian has discussed the Computer/ Internet rules with me. I agree to follow the rules.

Student Name (please print) \_\_\_\_\_

School Name (please print) \_\_\_\_\_

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

Parent/Guardian Agreement

As the parent or guardian of this student, I have read and discussed with my child the Computer/Internet Acceptable Use Policy of Fulton County Schools. I understand that the computer facilities and the Internet are designed for educational purposes. I further understand that Fulton County Elementary Schools and the Board of Education have taken precautions to restrict access to inappropriate material, but my son/daughter is ultimately responsible for restricting himself/herself from this inappropriate material and will not hold them or their designees responsible for materials acquired on the network.

I grant permission.

I do not grant permission.

Parent or Guardian Name (please print) \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_