

INFORMATION TECHNOLOGY ACCEPTABLE USE AGREEMENT

Student(PRINT): Last Name:	First Name:
Homeroom Teacher:	
Grade	
☐ Please check th	is box if student is 18 years of age or older.
read, understood and a • The Information Te	parents/guardians must sign this form to acknowledge in writing that they have bide by: chnology Acceptable Use Agreement (found in the Guide to the School Year and on ttp://www.yrdsb.edu.on.ca/pdfs/a/depts/curriculum/InformationTechnology-
Primary Students	
	cout and will abide by: chnology Acceptable Use Agreement (found in the Guide to the School Year and on ttp://www.yrdsb.edu.on.ca/pdfs/a/depts/curriculum/InformationTechnology-
Date:	
Student Signature:	
Parent/Guardian Signature:	
Date:	

Personal information is collected under the authority of the Education Act as amended, and will be used to manage the disclosure of individual personal information. Contact the school principal for more information.

File: LEG-Consents Valid for 12 months after date of last use/application