

Please complete and return this form at August registration to the
MAIN OFFICE STAFF AT WESTERN CANADA HIGH SCHOOL



Student's Name: _____

Grade: _____

CBE ID: _____

**Agreement Form for the Western Canada High School Acceptable
Use Policy for Networked Information**

I, _____ (Student) and

I, _____
(Print Parent's / Guardian's Full Name)

have read and discussed between ourselves, the policy and consequences of violation for use of networked resources outlined in the Western Canada High School Acceptable Use Policy for Networked Information Resources (henceforth referred to as the "AUP Form". We, the student and parent/guardian, recognize that the signing and returning of this AUP Form indicates our agreement with the policy for use of networked resources and the consequences for violation of networked resources outlined in the AUP. Further, we, the student and the parent/guardian, agree to abide by the school-based disciplinary and legal actions in response to student failure to appropriately use the supported network.

We recognize that failure to return this AUP Form to Western Canada High School constitutes our disagreement with the policy and consequences for violation outlined in the Western Canada High School Acceptable Use Policy For Networked Information Resources acknowledge that student access to the networked resources at Western Canada High School will be disabled, which includes access to CBEmail, D2L and other network and computer resources, until this Agreement Form is returned to Western Canada High School.

(Student Signature)

(Date)

(Parent Signature)

(Date)

PLEASE RETURN TO THE MAIN OFFICE @ WESTERN CANADA HIGH SCHOOL