

VERNON REGIONAL ADULT BASED EDUCATION

Acceptable Use Policy Form
On-Line Access Contract for Student Usage - Adult Education

PLEASE PRINT

Name:

Date:

Home Address:

I agree to take personal responsibility for following the rules of the acceptable use policy stated in this contract.

I will:

- use the on-line resources provided by my school ONLY for school-sanctioned projects.
- use the on-line resources provided by my school ONLY with the permission of a teacher or library media specialist.
- use language on-line which is consistent with school policy.
- not tamper with equipment or software; nor alter the network interface; nor attempt to gain access to the data and files of others; nor attempt to access information on the Internet, or other on-line services, not consistent with the educational goals of the school; nor violate any copyright laws.
- report any problems or breaches of this agreement to a teacher.
- not use the Internet inappropriately and understand that if I do, my behavior will result in:
 1. losing all on-line privileges within the school setting
 2. being subjected to disciplinary measures under Vernon Regional Adult Based Education Policy, Board of Education Policy, and/or being referred to the appropriate legal authorities, if warranted.

Student Signature:

Date:



Waiver Form [photos | video | artwork | profiles | stories | internet]

Program (Check One): CDP GED ABE ESL NEDP

VRABE (Vernon Regional Adult Based Education) has my permission to use my photograph, video and audio recordings, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing VRABE.

Signature:

Date:

Parent Signature (if under 18):

Date:

Print Name:

Phone #:

Vernon Regional Adult Based Education

Student Emergency Card

Date:

Personal Information - Please Print All Information	
Last name	
First name	
M.I.	
Birthday (MM/DD/YYYY)	
Home address	
Home phone	
Cell phone	
e-mail address	
Medical Information	
Doctor's name	
Address	
Phone number	
Medical conditions	
Allergies	
Current medications	
Emergency Information	
(1)Emergency contact's name	
Relationship	
Address	
Phone number(s)	
(2)Emergency contact's name	
Relationship	
Address	
Phone number(s)	