Seneca Falls CSD K-2 Student Acceptable Use Policy Agreement

| Student l | Name: _ | | | | |
|--|--|--|--|---|--|
| | | Student's name | Grade | Teacher | |
| Parent Initials | Please take this opportunity to discuss the guidelines below as many of them can be applied at home as well. | | | | |
| | 1. Be | | | | |
| | * | ❖ Do not give your phone number, address, or other personal information to anyone. | | | |
| | | ❖ Do not share account or password information with others. | | | |
| | * | Do not try to log on as someone else | 2. | | |
| | 2. Be | Smart | | | |
| | * | Communicate online only with people you know unless an adult is with you. | | | |
| | * | Notify an adult immediately if you find information on your device that makes you | | | |
| | | uncomfortable or nervous. | | | |
| | * | Only go to sites that are appropriate | | | |
| | | Inappropriate sites include those that | t have swearing, vio | olence, or nudity. | |
| | 3. Be F | | | | |
| | | Be nice and respectful | | | |
| | * | Use appropriate language. | | | |
| | Inappropriate language includes swearing, mean words, or threats. | | | | |
| | * | Only take pictures/videos of someon | ne if you've asked fi | rst. | |
| A BOCES devices an the Distric student or | internet d the Inte t's inforn other per | | erve the right to exa further the health, s | | |
| In complia under the a Seneca Fa personally some select Service prown private | ince with age of 13 Ils CSD r identifia ted tools oviders c cy policie | years of age, must consent to collection makes every effort to select technolog ble information and avoid third party, it may be necessary for the District to communicate information about their communicates. | ons, uses and disclo y products that prote promotional market to provide basic info collection, protection onal providers and t | ect the confidentiality of students' ting material. In order for students to use ormation such as name or school email. n, use and disclosure of data through the heir contact information, at the followin | |
| I,use the abo | ove-ment | have reviewed thes ioned online educational services. | e guidelines with m | y child and I give consent for my child t | |
| | Par | ent/Guardian's signature | Date | | |