



BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

1 Sunset Hill Road Post Office Box E
Blairstown, New Jersey 07825
908-362-6111 - Fax: 908-362-5989
www.blairstownelem.net

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

Acceptable Use of Technology Agreement

Blairstown Elementary School has internet access throughout the school building. It is important for each family to discuss the internet and set expectations for the kinds and types of materials acceptable for each family. Students are allowed internet access only when working with a teacher.

I agree to use technology provided by the school in the following manner:

1. I will use my school device during school hours to submit assignments and participate in lessons as assigned by my teacher.
2. I will use my school device and computer equipment with respect.
3. I will only use the programs and other computer resources my teacher has approved.
4. I will only use technology for appropriate purposes of learning.
5. I will log off my computer when done working to keep my student work protected.

I understand the following are unacceptable uses of technology:

1. Damaging computers, computer systems, or computer networks.
2. Using others' passwords.
3. Accessing chat rooms unrelated to school study or assignments.
4. Trespassing on other students' work or files.
5. Using inappropriate language or visiting any inappropriate sites.
6. Harassing, insulting, or bullying others.
7. Sending or displaying offensive messages or pictures.
8. Violating copyright laws.
9. Using any social networking apps.

I understand that I am responsible for all my network and computer actions. I understand the school utilizes GoGuardian to support students' appropriate use of technology. I understand that inappropriate internet use may result in a loss of privileges and other consequences. I

understand that not returning all equipment at the end of the school year may result in financial penalties.

Student First Name: _____

Student Last Name: _____

Homeroom Teacher: _____

Grade: _____

Parent Signature: _____

Date: _____