

LAKE ELSINORE UNIFIED SCHOOL DISTRICT
Electronic Information Resources Agreement

Electronic information resources are now available to students and staff in our District. The Lake Elsinore Unified School District strongly believes in the educational value of such electronic services and recognizes their potential to support its curriculum and student learning in facilitating resource sharing, innovation, and communication. We will make every effort to protect students and staff from any misuses or abuses as a result of experiences with an information service.

As with all District assets, electronic information resources are District property and are intended for educational purposes and to carry out authorized District business only. Specifically, email, Internet and other electronic information resources are not to be used for non-District commercial use, entertainment, solicitation, or any personal matters.

Please read this document and other applicable policies provided carefully. Your signature indicates you understand and agree to comply with any and all provisions of this Agreement and related policies, as well as any other directives concerning electronic information resource use. If any user violates these provisions, access to the information services may be denied, and the user may face additional action, including discipline, as applicable. The district must obtain your signature below before we can provide you with further access to any electronic information resources. In the case of a minor, a parent/guardian signature is also required. In all cases, upon signature, this document becomes a legally binding agreement.

Terms and Conditions of This Agreement

Personal Responsibility: As a representative of this school or department, I accept personal responsibility for reporting any misuse of the network to the system administrator. Users shall not access or transmit material that is threatening, obscene, disruptive, or sexually explicit, or that could be construed as harassment or disparagement of others.

I further agree:

- To review and at all times follow District policies and procedures covering the use of electronic information resources.
- To attend a presentation on the aspects and ethics involved in using the Internet, email or any other electronic information resources.
- To keep my Internet account number or code private and not allow others to use it.
- Not to access any network files, documents, applications, etc. without express permission of the teacher or supervisor.
- Not to transmit any material in violation of United States or other state organizations including, but not limited to: copyrighted material, threatening or obscene material, or vulgarities or other inappropriate language.
- Not to use District electronic information resources for any non-educational, non-business, or personal purpose as more fully defined in the BP/AR 4040.

Employees should be aware that computer files and communications over electronic networks, including email and voice mail are not private. This technology should not be used to transmit any confidential information, such as student or employee records. To ensure proper use, the Superintendent or designee may monitor your use of electronic information resource, including the District's email and voice mail, at any time without advance notice or consent. If passwords are used, they must be known to the Superintendent or designee so that he/she may have system access when the employee is absent or as otherwise necessary.

I understand and will abide by the provisions and conditions of this agreement as well as applicable District policies (BP/AP 4040) received. I understand that any violations of the above provisions may result in disciplinary action, the revoking of my user account, and/or appropriate legal action. I recognize that all District policies regarding appropriate employee conduct apply in the use of these resources, and I may be disciplined for any violation of those policies independent of this Policy and Agreement. I also agree to report any misuse of the information system to the system administrator. I also hereby release the District, its personnel and any affiliates, from any and all claims and damages of any nature arising from my use of, or inability to use, the district's electronic information resources. I agree to all terms and conditions as stated above.
(Please fill out **both sides** of this application.)

Account holder's Name (please print) _____

Account holder's Signature _____

Date _____

If account holder is a minor:
Parent/Guardian Signature _____

Date _____

REQUEST FOR ELECTRONIC INFORMATION RESOURCE ACCOUNT
(Please print clearly. Both sides must be completed)

New Account

Account Renewal

1. Name of person holding the account: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Home Phone: _____ 5. What would you like your password to be? _____
6. Why do you wish to have a telecommunications account with Lake Elsinore Unified School District?

7. I understand that electronic information resources are District property and are intended for educational purposes and to carry out authorized District business only. Specifically, email, Internet and other electronic information resources are not to be used for non-District commercial use, entertainment, solicitation, or any personal matters. I further understand that all such resources, including email and voicemail systems, may be monitored and reviewed by the District at any time.
8. _____
Applicant Signature _____ Date _____

PLEASE CHOOSE THE TYPE OF ACCOUNT BELOW WHICH BEST DESCRIBES YOU

IF THIS ACCOUNT IS A SCHOOL EMPLOYEE ACCOUNT

9. Are you ___ certificated ___ classified? Other? Please explain: _____
10. What is your position or assignment? (grade level or subject) _____
11. Site Name: _____
12. **Employee Number:** _____

IF THIS ACCOUNT IS A STUDENT ACCOUNT...

13. Circle Grade Level K 1 2 3 4 5 6 7 8 9 10 11 12 Higher Ed
14. Student ID number: _____ (Permanent SASI ID Number)
15. What school do you attend? _____

NOTE: All student accounts K - College level must have a teacher or instructor recommendation.

16. Teacher recommendation: (print name) _____
17. Teacher recommendation: (signature) _____

IF THIS ACCOUNT IS A PARENT ACCOUNT...

18. What school does your child attend school? _____
19. What is your child's current grade level? _____
20. What is the teacher's name? _____

IF THIS IS AN ADULT ACCOUNT OTHER THAN A DISTRICT PARENT ...

(For demographic purposes, please answer the following)

21. What is your profession or trade? _____
22. Are you self-employed? ___ yes ___ no
23. Work site phone number: _____
24. Name of business or employment: _____
25. Address of work site: _____
26. City: _____ State: _____ Zip Code: _____