

**KENNETT CONSOLIDATED SCHOOL DISTRICT**  
**300 East South Street**  
**Kennett Square, PA 19348**

## **CIS Acknowledgment and Consent Form**

### **Students**

I have received, read, and understand this Policy and will comply with it. Someone from the School District has also reviewed this Policy with me and my parents have reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s) about anything I do not understand, and I have received the information I requested. If I have further questions I will ask \_\_\_\_\_. Additionally, I understand that if I violate the Policy, I am subject to the School District's discipline and could be subject to ISP as well as local, state, and federal legal recourse.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Signature

### **Parent(s)**

As the parent of a student of the School District, I have received, read, and understand the Acceptable Use of the Computers, Network, Internet, Electronic Communications, and Information Policy. In addition, I reviewed this Policy with my child and answered questions he or she asked. If either my child or I have further questions I will ask \_\_\_\_\_. I agree to have my child abide by the requirements of the Policy.

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date of Signature