

**H. Receipt of Notice of Requirements § 22.1-279.3 (included) and WYTHE COUNTY PUBLIC SCHOOLS STUDENT HANDBOOK**

I am the parent/guardian of the below name child, and by my signature, I acknowledge that I have received a copy of § 22.1279.3 entitled “Parental Responsibility and Involvement Requirements.”

By signing this agreement I, as the parent of the student, am also acknowledging that I am financially responsible for all school items, including but not limited to textbooks, issued to my student by the Wythe County Public Schools.

By signing this agreement I, if an adult student, am also acknowledging that I am financially responsible for all school items, including but not limited to textbooks, issued to me by the Wythe County Public Schools.

By signing this Statement of Receipt of the Wythe County Public Schools Student Handbook, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions of laws of the United States or the Commonwealth of Virginia. I further understand that I have the right to express disagreement with the school’s or school division’s policies or decisions.

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Date	Student Signature	Print Name
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Date	Parent Signature	Print Name
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**I. ACCEPTABLE COMPUTER SYSTEM USE AGREEMENT**

Each employee must sign this Agreement as a condition for using the School Division’s computer system. Each student and his or her parent/guardian must sign this Agreement before being permitted to use the School Division’s computer system. Read this Agreement carefully before signing.

Prior to signing this Agreement, read Policy GAB/IIBEA and Regulation GAB-R/IIBEA-R, Acceptable Computer System Use. If you have any questions about this policy or regulation, contact your supervisor or your student’s principal.

I understand and agree to abide by the School Division’s Acceptable Computer System Use Policy and Regulation. I understand that the School Division may access, monitor, and archive my use of the computer system, including my use of the internet, e-mail and downloaded material, without prior notice to me. I further understand that should I violate the Acceptable Use Policy or Regulation, my computer system Privileges may be revoked and disciplinary action and/or legal action may be taken against me.

Student/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read this Agreement and Policy GAB/IIBEA and Regulation GAB-R/IIBEA-R. I understand that access to the computer system is intended for educational purposes and the Wythe County School Division has taken precaution to eliminate inappropriate material. I also recognize, however, that it is impossible for the School Division to restrict access to all inappropriate material and I will not hold the School Division responsible for information acquired on the computer system. I have discussed the terms of this agreement, policy, and regulation with my student.

I grant permission for my student to use the computer system in accordance with Wythe County Public School Division’s policies and regulations and for the School Division to issue an email account for my student.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(Please Print)