

Return to the School

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Parental Permission Form

I have read the Technology Policy of SSMS with my student and give my child permission to use SSMS Technology Resources according to the rules outlined.

Parent/Guardian Name _____

Students Name _____

Parent/ Guardian Signature _____ Date _____

Student User Agreement

As a user of SSMS Technology Network, I agree to comply with the above stated rules and to use the network in a constructive manner.

Students Name _____ Date _____

Student's Signature _____

This agreement will be kept on file at the school. For more information on this topic feel free to contact the school at PHONE #. 466-7311