**Technology: Acceptable Use Policy (AUP) for School E-mail**

**CONSENT:**

 As the parent or legal guardian of the student signing below, I grant permission for this child to participate in the school email program.

**E-mail**

 This year the middle school students have an OLMCS student email account. This account is to be used only as the teachers direct them. We will be working with Google Docs and turning most work in digitally through email. The students are expected to use this email for school directed assignments only. It is not a personal email account and should not be treated as such. The email account is not to be shared by any other student. It was created by Mrs. Van Eyck and will be monitored by Mrs. Van Eyck. If a problem occurs the student may lose electronic device privileges.

***Please read the entire syllabus before you sign below.***

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mrs.Van Eyck (carlyve@mountcarmelschool.net)