

**Return this page to the building in which your student attends**

**Parent/Guardian** As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the Milford Exempted Village School District's "Computer, Internet and Network Regulations Acceptable Use Policy" for access to the district's computers, computer network, and Internet. I understand that access is being provided for educational purposes. I also understand that it is impossible for the Milford Exempted Village Local School District to restrict access to all offensive and controversial materials. I understand that it is the responsibility of my child or ward to abide by the "Computer, Internet and Network Regulations Acceptable Use Policy."

**Administering Medicine Students, Internet and Network Regulations & the School District Policy on Head Lice**

**I/We have read and agree to follow the Milford Exempted Village School District Policies and the Elementary Handbook**

**(Please Print Clearly)**

Student's Name \_\_\_\_\_ Building \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone# \_\_\_\_\_

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

We (student & parent/guardian) acknowledge that we have read the Elementary Handbook for the 2011-2012 school year.

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date