

**Hopewell-Loudon Local Schools**  
**Agreement with Terms and Conditions for Electronic E-Mail Address and Access**

All district personnel and students are eligible to apply for an e-mail account and e-mail access.

**Non-Acceptable Uses of Electronic Mail:**

- Transmission of any material in violation of any US or state regulation. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secrets.
- Use for-profit activities (consulting for pay, sales, etc.) or use for-profit institutions.
- Extensive private or personal use.
- Any malicious attempt to alter, destroy or reduce the usability of data of another users, agency, or network connected to Hopewell-Loudon Local Schools. Viruses, trojan horses, and worms are prohibited.
- Abusive language, vulgarities, obscenities and other inappropriate language, including reposting or quoting obscene and/or inappropriate material.
- Sending or forwarding or participating in chain letters.
- Pictures taken without consent of others through electronic devices.

Violation of any of the above will result in the termination of e-mail access.

Users should avoid excessive use of system resources by daily monitoring and deleting electronic mail.

Electronic mail (e-mail) is not guaranteed to be private. Mail may be delayed, misdirected or not be deliverable. System administrators reserve the right to monitor system resources and user accounts while respecting the privacy of the user account. School district administration may request access to electronic mail with due cause.

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

I the undersigned have read and understand the above policy and understand any violation will result in termination of my email account.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is applicant:    *Student:* \_\_\_\_\_                      *Staff Member:* \_\_\_\_\_

If student, please complete the following:

Graduation Class of 20\_\_\_\_.

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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

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Teacher Agreement: This is required for student e-mail accounts.

As a teacher, I have read the above policy aloud to students on the acceptable use of electronic mail (e-mail) and proper network etiquette.

Teacher Name: \_\_\_\_\_ Signature: \_\_\_\_\_

District E-mail Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_