

**PARENT/GUARDIAN AND STUDENT ACKNOWLEDGMENT
OF ACCEPTABLE USE POLICY**

I hereby acknowledge that I have received and read the attached Acceptable Use Policy of the Cambridge Public Schools.

My signature below indicates that I understand the attached Acceptable Use Policy and am willing to accept and abide by its mandates as written.

Student Name: _____
Signature

Student Name: _____
Print Name

Parent/Guardian Name: _____
Signature

Parent/Guardian Name: _____
Print Name

School: _____

Date: _____

Please return to your school principal by the second Monday in December. Thank you for your cooperation.