



*Our Lady of Sorrows School*  
**AGREEMENT FOR THE USE OF  
TECHNOLOGY  
Parental Consent Form**



Our Lady of Sorrows School has chosen to permit student access to computer and telecommunication resources to further its educational goals and objectives. Reasonable care has been taken to assure the appropriateness and educational quality of the material available through the use of educational software and telecommunications. However, parents and guardians are warned that Our Lady of Sorrows School and the Diocese of Brownsville do not have total control of the information on the Internet. Our Lady of Sorrows School and the Diocese of Brownsville will not be responsible for the accuracy, nature or quality of information stored on school diskettes, CDs, hard drive or server, nor for accuracy, nature or quality of information gathered through school Internet Access. Parents and guardians are the primary authority responsible for imparting the standards of ethical and legal conduct their child or ward should follow. Therefore, Our Lady of Sorrows School supports and respects each family's right to decide whether or not their child may have access to this resource.

1. I am the parent/guardian of the below named student. I have read the Acceptable Use Policy ("the policy") as stated in the Student/Parent Handbook pgs.16-17 and I have either explained it to my child/ward ("student") or I have assured myself that the student understands it. I also understand my own and the student's responsibilities regarding computer hardware, software, and Internet access at Our Lady of Sorrows School.
2. Initial one:

I hereby consent to the student having access to, and use of, the telecommunications resources at Our Lady of Sorrows School. I also hereby indemnify and hold harmless the Diocese of Brownsville and Our Lady of Sorrows School from any claim or loss resulting from any infraction by the student of the policy or any applicable law.

I do not consent to the student having access to, or use of, the telecommunications resources at Our Lady of Sorrows School.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian's (Please Print) \_\_\_\_\_

Name of Student(s) and Grade (Please Print) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_