

John E. Pallone
Superintendent
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New Kensington-Arnold School District

707 Stevenson Boulevard
New Kensington, Pennsylvania 15068
Telephone: (724) 335-4401
Fax: (724) 994-1213
<http://www.nkasd.com>

Thoma J. Rocchi
Assistant to the Superintendent
trocchi@nkasd.com

Audrey Sleigh
Board Secretary
asleigh@nkasd.com

Jeffrey S. McVey
Director of Administrative Services
jmcvey@nkasd.com

CIS Acknowledgment and Consent Form

Students

I have received, read, and understand this policy and will comply with it. Someone from the School District has also reviewed this policy with me and my parents have reviewed it with me. In addition, I have been given the opportunity to obtain information from the School District and my parent(s) about anything I do not understand, and I have received the information I requested. Additionally, I understand that if I violate the policy, I am subject to the School District's discipline and could be subject to ISP, as well as local, state and federal legal recourse.

Name of Student

Signature of Student

Date of Signature

Parent(s)

As the parent of a student of the School District, I have received, read, and understand the Acceptable Use of the Computers, Network, Internet, Electronic Communications, and Information Policy. In addition, I reviewed this policy with my child and answered questions he or she asked. I agree to have my child abide by the rules of the policy.

Name of Parent

Signature of Parent

Date of Signature

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Employees

As an employee of the School District, I have received, read, and understand the Acceptable Use of the Computers, Network, Internet, Electronic Communications, and Information Policy. In addition, I reviewed this policy with my students and answered questions they asked. I agree to abide by the rules of the policy.

Name of Employee

Signature of Employee

Date of Signature

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Guests

As a guest of the School District, I have received, read, and understand the Acceptable Use of the Computers, Network, Internet, Electronic Communications, and Information Policy. I agree to abide by the rules of the policy.

Name of Guest

Signature of Guest

Date of Signature