

PARENT REVOCATION OF STUDENT INTERNET ACCESS

Parents who do not want their child to be able to access the CMS Network or use the Internet while at school must complete this form and return it to their child's school.

I do not want my child, ______, to be allowed to use a Charlotte-Mecklenburg Schools' computer to access the CMS Network or the Internet. By my signature below, I also acknowledge that without access to the Internet and the CMS Network, my child will not be able to do all or some of the following activities that use the CMS Network or the Internet while at school:

- ★ Use any computer on the CMS Network (this is because networked computers automatically access the Internet and the CMS Network and require students to accept the Student Internet Use Agreement before they can use the computer for any purposes)
- ✗ Access the school media center catalog of books
- ✗ Use online learning tools such as Accelerated Reader
- **✗** Do online research
- **X** Work with another student who is using a networked computer

Student's full name (printed):

Last:	First:	Mic	ddle:
Date of birth:	Student ID#:	Gra	ide:
School:		Homeroom or Homebas	se teacher:
Address:		Home telephone:	
Parent's name (Printed):			
Address (if different from student's):			
Phone numbers: Home:		Work:	
Parent/guardian signature:		Date:	