



**FROST LAKE MAGNET SCHOOL OF TECHNOLOGY & GLOBAL STUDIES**  
1505 E Hoyt Ave • Saint Paul, MN 55106  
651-293-8930 • [www.frost.spps.org](http://www.frost.spps.org)

**Acceptable Use of Internet and E-Mail Resources**

Dear Parent,

As a student in the Saint Paul Public Schools, your son or daughter may need to use the Internet or use an e-mail account as part of his/her educational experience. All students will be taught appropriate use of the Internet, including the use of e-mail.

The district uses technical measures to prevent access to sites that may be controversial, inappropriate, or may contain advertising. However, even with these measures, it is impossible to totally control what students encounter. It is important that students be responsible and appropriate users of the Internet and the district network resources.

**Students – Please read and sign:**

I have read and do understand the school district policies relating to acceptable use of the Internet, including e-mail and agree to abide by them. I further understand that any violation of the policies above is unethical and may constitute a violation of law. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

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Student Name – Please Print

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

**Parent or Guardian – Please read and sign:**

As the parent or guardian of this student, I have read the school district’s policies relating to acceptable use of the Internet and other district information technology resources. I understand that this access is designed for educational purposes. I also recognize it is impossible for the school district to restrict access to all unacceptable materials and I will not hold the school district or its employees or agents responsible for materials encountered on the Internet.

I give the district permission to issue an e-mail account for my child.  YES  NO

I give permission for my child to find and use information on the Internet.  YES  NO

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Parent or Guardian’s Name – Please Print

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