

Learner Name \_\_\_\_\_ Grade (if applicable) \_\_\_\_\_

I have read and understood the Bishops' Acceptable Use Policy. I agree to adhere to the principles and practices contained therein. I understand that if I violate the rules my account may be terminated, and I may face other disciplinary measures.

Learner Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent Name \_\_\_\_\_

By signing as a Parent, you confirm that you have adequately explained the Bishops' Acceptable Use Policy to your child and that you will do what you can to adhere to the AUP and will ensure that your son(s) do the same.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_