

SCHUYLKILL TECHNOLOGY CENTER

North Campus

101 Technology Drive
Frackville, PA 17931

Ph: (570) 874-1034 • Fax: (570) 874-4028



www.stcenters.org

South Campus

15 Maple Avenue
Mar Lin, PA 17951

Ph: (570) 544-4748 • Fax: (570) 544-3895

CIS Acknowledgment and Consent Form

Students

I have received, read, and understand this policy (*refer to page 4 in the Student Handbook*) and will comply with it. My STC instructor has reviewed this policy with me. My parents have also reviewed it with me. In addition, I have been given the opportunity to obtain information from STC 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 STC's discipline and could be subject to ISP (Internet Service Provider), as well as local, state and federal legal recourse.

Name of Student (Print)

Signature of Student

Date of Signature

Parent(s)

As the parent of a student of STC, I have received, read, and understand the Acceptable Use of the CIS Computers, Network, Internet, Electronic Communications, and Information Policy (*refer to page 4 in the Student Handbook*). 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 or Legal Guardian (Print)

Signature of Parent

Date of Signature