



## L A N D O N

I/we have read over carefully the Landon Acceptable Use Policy. I/we have taken time to discuss its implications for students and parents in general and for us in particular.

By signing below, I/we agree to support both the intent and the discharge of the **Landon Community Acceptable Use Policy**.

Student's Name: \_\_\_\_\_ Grade/Form: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

*Please return the completed form to the School by Friday, August 29, 2008. Thank you.*